```
=> fil medl; d que l135; s l135 not l204
FILE 'MEDLINE' ENTERED AT 17:14:04 ON 17 JAN 2002

 FILE LAST UPDATED: 2 JAN 2002 (20020102/UP).  FILE COVERS 1958 TO DATE.

 On April 22, 2001, MEDLINE was reloaded.  See HELP RLOAD for details.

 MEDLINE now contains IN-PROCESS records.  See HELP CONTENT for details.

 MEDLINE is now updated 4 times per week.  A new current-awareness alert
 frequency (EVERYUPDATE) is available.  See HELP UPDATE for more information.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2001 vocabulary.  Enter HELP THESAURUS for details.

 The OLDMEDLINE file segment now contains data from 1958 through 1965.
 Enter HELP CONTENT for details.

 Left, right, and simultaneous left and right truncation are available in the
 Basic Index.  See HELP SFIELDS for details.

 THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE
 SUBSTANCE IDENTIFICATION.


L129(     11074)SEA FILE=MEDLINE ABB=ON  NICOTINE/CT
L130(      8733)SEA FILE=MEDLINE ABB=ON  LEVODOPA/CT
L131(      6766)SEA FILE=MEDLINE ABB=ON  DOPA/CT
L132(     86492)SEA FILE=MEDLINE ABB=ON  DRUG INTERACTIONS+NT/CT
L133(         8)SEA FILE=MEDLINE ABB=ON  L129 AND (L130 OR L131) AND L132
L134(       488)SEA FILE=MEDLINE ABB=ON  L129(L)AI/CT
L135            5 SEA FILE=MEDLINE ABB=ON  L133 NOT L134

L208            5 L135 NOT L204

=> fil embase; d que l174; d que l179; d que l182; s (l174 or l179 or l182) not l205
FILE 'EMBASE' ENTERED AT 17:14:44 ON 17 JAN 2002
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 FILE COVERS 1974 TO 10 Jan 2002 (20020110/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L171(     14399)SEA FILE=EMBASE ABB=ON  NICOTINE/CT
L172(     18137)SEA FILE=EMBASE ABB=ON  LEVODOPA/CT
L173(     24459)SEA FILE=EMBASE ABB=ON  DRUG POTENTIATION/CT
L174            3 SEA FILE=EMBASE ABB=ON  L171 AND L172 AND L173


L175(     14399)SEA FILE=EMBASE ABB=ON  NICOTINE/CT
L176(     18137)SEA FILE=EMBASE ABB=ON  LEVODOPA/CT
L177(       394)SEA FILE=EMBASE ABB=ON  L175(L)IT/CT
L178(       440)SEA FILE=EMBASE ABB=ON  L176(L)IT/CT
L179            2 SEA FILE=EMBASE ABB=ON  L177 AND L178
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Searched by Barb O'Bryen STIC 308-4291

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L180(     14399)SEA FILE=EMBASE ABB=ON  NICOTINE/CT
L181(     18137)SEA FILE=EMBASE ABB=ON  LEVODOPA/CT
L182          1 SEA FILE=EMBASE ABB=ON  L180(L)CB/CT AND L181(L)CB/CT
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Subheading CB = drug combination

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L209          4 (L174 OR L179 OR L182) NOT L205
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previously printed

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=> fil capl; d que l29; d que l30; s (129 or 130) not l14
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26, 1996), unless otherwise indicated in the original publications.

FILE COVERS 1907 - 17 Jan 2002  VOL 136 ISS 3
FILE LAST UPDATED: 16 Jan 2002  (20020116/ED)

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  substance identification.

  This file supports REG1stRY for direct browsing and searching of
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million records from 1907-1966.

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information on CAS roles, enter HELP ROLES at an arrow prompt or use
the CAS Roles thesaurus (/RL field) in this file.

The CA Lexicon is now available in the Controlled Term (/CT) field.
Enter HELP LEXICON for full details.

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the American Chemical Society and is provided to assist you in
searching databases on STN.  Any dissemination, distribution, copying,
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CAS, is strictly prohibited.

L1            1 SEA FILE=REGISTRY ABB=ON  NICOTINE/CN
L4        10494 SEA FILE=CAPLUS ABB=ON  L1
L18           1 SEA FILE=REGISTRY ABB=ON  L-DOPA/CN
L19        9407 SEA FILE=CAPLUS ABB=ON  L18
L24        8337 SEA FILE=CAPLUS ABB=ON  L-DOPA OR LEVODOPA
L25       22642 SEA FILE=CAPLUS ABB=ON  NICOTINE
L26          10 SEA FILE=CAPLUS ABB=ON  L4(L)L24 AND L19
L28          20 SEA FILE=CAPLUS ABB=ON  L25(L)L19 AND L4
L29           9 SEA FILE=CAPLUS ABB=ON  L26 AND L28
```

Searched by Barb O'Bryen STIC 308-4291

```
L1              1 SEA FILE=REGISTRY ABB=ON  NICOTINE/CN
L4          10494 SEA FILE=CAPLUS ABB=ON  L1
L16         23617 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTION#/CW
L17          4481 SEA FILE=CAPLUS ABB=ON  DRUG#(2A)(POTENTIAT? OR SYNERG?)/OBI
L18             1 SEA FILE=REGISTRY ABB=ON  L-DOPA/CN
L19          9407 SEA FILE=CAPLUS ABB=ON  L18
L24          8337 SEA FILE=CAPLUS ABB=ON  L-DOPA OR LEVODOPA
L25         22642 SEA FILE=CAPLUS ABB=ON  NICOTINE
L30             2 SEA FILE=CAPLUS ABB=ON  (L4 OR L25) AND (L24 OR L19) AND (L16
                  OR L17)

L210            9 (L29 OR L30) NOT L14   previously printed

=> fil drugu; d que l67; s l67 not l206; fil wpids; d que l91; s l91 not l115
FILE 'DRUGU' ENTERED AT 17:15:33 ON 17 JAN 2002
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FILE LAST UPDATED: 11 JAN 2002      <20020111/UP>
>>>  DERWENT DRUG FILE (SUBSCRIBER)  <<<

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>>>  (WEEKLY IS THE DEFAULT). FOR PRICING INFORMATION     <<<
>>>  SEE HELP COST                                        <<<

>>>  FILE COVERS 1983 TO DATE  <<<
>>>  THESAURUS AVAILABLE IN /CT  <<<


L1              1 SEA FILE=REGISTRY ABB=ON  NICOTINE/CN
L18             1 SEA FILE=REGISTRY ABB=ON  L-DOPA/CN
L24          8337 SEA FILE=CAPLUS ABB=ON  L-DOPA OR LEVODOPA
L42          3085 SEA FILE=DRUGU ABB=ON  NICOTINE OR L1
L43          4888 SEA FILE=DRUGU ABB=ON  L24 OR L18
L66         34198 SEA FILE=DRUGU ABB=ON  66/CC - concept code - Drug Interactions
L67             8 SEA FILE=DRUGU ABB=ON  L42 AND L43 AND L66

L211            8 L67 NOT L206   previously printed

FILE 'WPIDS' ENTERED AT 17:15:34 ON 17 JAN 2002
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FILE LAST UPDATED: 14 JAN 2002              <20020114/UP>
MOST RECENT DERWENT UPDATE            200203   <200203/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> SDI'S MAY BE RUN ON EVERY UPDATE OR MONTHLY AS OF JUNE 2001.
    (EVERY UPDATE IS THE DEFAULT). FOR PRICING INFORMATION
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    RESOURCE, PLEASE VISIT
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    SEE http://www.derwent.com/dwpi/updates/dwpicov/index.html <<<
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Searched by Barb O'Bryen STIC 308-4291

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L82          2089 SEA FILE=WPIDS ABB=ON  NICOTINE
L85           492 SEA FILE=WPIDS ABB=ON  L DOPA OR LEVODOPA
L91             3 SEA FILE=WPIDS ABB=ON  L82 AND L85 AND (POTENTIAT? OR SYNERG?
                  OR INTERACT?)

L212            2 L91 NOT L115

=> dup rem 1208,1210,1209,1206,1212
FILE 'MEDLINE' ENTERED AT 17:16:02 ON 17 JAN 2002

FILE 'CAPLUS' ENTERED AT 17:16:02 ON 17 JAN 2002
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FILE 'WPIDS' ENTERED AT 17:16:02 ON 17 JAN 2002
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PROCESSING COMPLETED FOR L208
PROCESSING COMPLETED FOR L210
PROCESSING COMPLETED FOR L209
PROCESSING COMPLETED FOR L206
PROCESSING COMPLETED FOR L212
L213           43 DUP REM L208 L210 L209 L206 L212 (0 DUPLICATES REMOVED)
                  ANSWERS '1-5' FROM FILE MEDLINE
                  ANSWERS '6-14' FROM FILE CAPLUS
                  ANSWERS '15-18' FROM FILE EMBASE
                  ANSWERS '19-41' FROM FILE DRUGU
                  ANSWERS '42-43' FROM FILE WPIDS

=> d ibib ab hitrn 1-43

L213 ANSWER 1 OF 43     MEDLINE
ACCESSION NUMBER:    1999346123     MEDLINE
DOCUMENT NUMBER:     99346123   PubMed ID: 10415147
TITLE:               Nicotine alone and in combination with L-DOPA methyl ester
                     or the D(2) agonist N-0923 in MPTP-induced chronic
                     hemiparkinsonian monkeys.
AUTHOR:              Domino E F; Ni L; Zhang H
CORPORATE SOURCE:    Department of Pharmacology, University of Michigan, Ann
                     Arbor, Michigan, 48109-0632, USA.
SOURCE:              EXPERIMENTAL NEUROLOGY, (1999 Aug) 158 (2) 414-21.
                     Journal code: EQF; 0370712. ISSN: 0014-4886.
PUB. COUNTRY:        United States
                     Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         199908
ENTRY DATE:          Entered STN: 19990910
                     Last Updated on STN: 20000303
                     Entered Medline: 19990824
AB   Nicotine, the soluble methyl ester of L-DOPA, and the D(2) agonist N-0923
     were given alone and in combination im to five hemiparkinsonian monkeys.
     Daily nicotine in doses of 32-320 micrograms/kg for 6 days each,
     surprisingly, had slight effects on motor activity. When combined with
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previously printed

N-0923, nicotine did not further enhance its effects. However, L-DOPA methyl ester plus nicotine produced greater contraversive circling than L-DOPA methyl ester plus 0.9% NaCl. Similar effects were obtained on significant motor movements of both the affected (contralateral) and normal (ipsilateral) arm and hand. The results indicate that nicotine is synergistic with l-DOPA methyl ester, but not with the postsynaptic D(2) agonist N-0923.

L213 ANSWER 2 OF 43 MEDLINE
ACCESSION NUMBER: 1999432305 MEDLINE
DOCUMENT NUMBER: 99432305 PubMed ID: 10502311
TITLE: Pharmacokinetics of radiotracers in human plasma during positron emission tomography.
AUTHOR: Cumming P; Yokoi F; Chen A; Deep P; Dagher A; Reutens D; Kapczinski F; Wong D F; Gjedde A
CORPORATE SOURCE: McConnell Brain Imaging Centre, Montreal Neurological Institute, Montreal, Canada.. paul@pet.auh.dk
CONTRACT NUMBER: DA 09482 (NIDA)
DA 11080 (NIDA)
MH 42821 (NIMH)
+
SOURCE: SYNAPSE, (1999 Nov) 34 (2) 124-34.
Journal code: VFL; 8806914. ISSN: 0887-4476.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199911
ENTRY DATE: Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991109

AB Many radiopharmaceuticals for positron emission tomography (PET) are substantially metabolized in peripheral organs. Pharmacological treatments intended to alter cerebral metabolism might also alter radiotracer metabolism, consequently altering the cerebral uptake. First-order rate constants for the metabolism of PET tracers can be calculated by a linear graphical method from the precursor and metabolite concentrations measured in plasma extracts fractionated by HPLC. We tested the effects of specific pharmacological challenges on the plasma kinetics of six tracers used for PET studies of neurotransmission. The rate of O-methylation of circulating [(18)F]fluorodopa, a tracer of dopa decarboxylase activity in brain, was unaffected by pretreatment with amantadine, an antagonist of glutamate receptors. [(11)C]Deprenyl, a tracer of monoamine oxidase activity, was rapidly metabolized to [(11)C]methamphetamine and polar metabolites in healthy volunteers. The net rate constant of this metabolism was three times higher in a group of subjects under treatment for epilepsy, consistent with induction of hepatic microsomal enzymes by antiepileptic drugs. [(11)C]Sch 23390, a ligand for dopamine D1 receptors, was rapidly metabolized to polar metabolites. The net rate constant of metabolism was unaffected by pretreatment with lorazepam. [(11)C]-(S)-Nicotine, a ligand for nicotinic receptors, was rapidly metabolized to [(11)C]-(S)-cotenine, which is less polar than the parent compound. Pretreatment with mazindol, a dopamine uptake inhibitor, was without effect on peripheral metabolism of [(11)C]-(S)-nicotine. [(11)C]WIN 35,428, a tropane derivative which labels dopamine uptake sites, was metabolized to a nonpolar metabolite, but so slowly that the rate constant of this process could not be calculated. [(11)C]Raclopride, a ligand for dopamine D2 receptors, was first metabolized to a nonpolar metabolite, which then yielded two hydrophilic metabolites. The initial metabolic step was substantially blocked by pretreatment with amphetamine, possibly indicative of competitive inhibition of microsomal oxidation. Together, these results indicate that the linear graphic method is useful for estimating the

kinetics of the plasma metabolism of many widely used PET tracers. Drug-drug interactions were revealed in subjects treated with specific pharmacological agents prior to tracer administration.

L213 ANSWER 3 OF 43 MEDLINE
ACCESSION NUMBER: 75125089 MEDLINE
DOCUMENT NUMBER: 75125089 PubMed ID: 1078927
TITLE: [The pharmacologic basis of the antidepressive activity of the new psychotropic preparation pyrazidol]. Farmakologicheskie osnovy antidepressivnoi aktivnosti novogo psikhotropnogo preparata pirazidola.
AUTHOR: Mashkovskii M D; Andreeva N I
SOURCE: ZHURNAL NEVROPATOLOGII I PSIKHIATRII IMENI S. S. KORSAKOVA, (1975) 75 (3) 430-5.
Journal code: Y9Y; 8710066. ISSN: 0044-4588.
PUB. COUNTRY: USSR
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Russian
FILE SEGMENT: Priority Journals
ENTRY MONTH: 197506
ENTRY DATE: Entered STN: 19900310
Last Updated on STN: 20000303
Entered Medline: 19750612

L213 ANSWER 4 OF 43 MEDLINE
ACCESSION NUMBER: 71275015 MEDLINE
DOCUMENT NUMBER: 71275015 PubMed ID: 5564906
TITLE: The role of catecholamines in producing arrhythmias.
AUTHOR: Leon A S; Abrams W B
SOURCE: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, (1971 Jul) 262 (1) 9-13.
Journal code: 3L2; 0370506. ISSN: 0002-9629.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 197110
ENTRY DATE: Entered STN: 19900101
Last Updated on STN: 19900101
Entered Medline: 19711021

L213 ANSWER 5 OF 43 MEDLINE
ACCESSION NUMBER: 69297747 MEDLINE
DOCUMENT NUMBER: 69297747 PubMed ID: 5387699
TITLE: [Catalepsy induced by electroshock in mice. Pharmacological analysis]. Catalepsie provoquee par electrochoc chez la souris. Analyse pharmacologique.
AUTHOR: Timsit J
SOURCE: THERAPIE, (1969 Jul-Aug) 24 (4) 595-608.
Journal code: VQ6; 0420544. ISSN: 0040-5957.
PUB. COUNTRY: France
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: French
FILE SEGMENT: Priority Journals
ENTRY MONTH: 196911
ENTRY DATE: Entered STN: 19900101
Last Updated on STN: 19900101
Entered Medline: 19691105

L213 ANSWER 6 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 2001:762800 CAPLUS

Searched by Barb O'Bryen STIC 308-4291

DOCUMENT NUMBER: 135:322726
TITLE: A pharmaceutical composition containing a **nicotine** receptor agonist and an analgesic for treatment of acute, chronic pain and/or neuropathic pain and migraines
INVENTOR(S): Coe, Jotham Wadsworth; Harrigan, Edmund Patrick; O'Neill, Brian Thomas; Sands, Steven Bradley; Watsky, Eric Jacob
PATENT ASSIGNEE(S): Pfizer Products Inc., USA
SOURCE: PCT Int. Appl., 41 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001076576	A2	20011018	WO 2001-IB391	20010316
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 2001036943	A1	20011101	US 2000-740307	20001218

PRIORITY APPLN. INFO.: US 2000-195738 P 20000407

AB Oral, parenteral or transdermal compns. are disclosed for the treatment of acute, chronic and/or neuropathic pain. The pharmaceutical compns. are comprised of a therapeutically effective combination of a **nicotine** receptor partial agonist and an analgesic agent and a pharmaceutically acceptable carrier. The analgesic agent is selected from opioid analgesics, NMDA antagonists, substance P antagonists, COX 1 and COX 2 inhibitors, tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI), capsaicin receptor agonists, anesthetic agents, benzodiazepines, skeletal muscle relaxants, migraine therapeutic agents, anticonvulsants, antihypertensives, antiarrhythmics, antihistamines, steroids, caffeine, N-type calcium channel antagonists and botulinum toxin. The method of using these compds. and a method of treating acute, chronic and/or neuropathic pain and migraine in a mammal including a human is also disclosed.

IT **59-92-7**, **Levodopa**, biological studies
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(compns. contg. **nicotine** receptor agonist and analgesic for treatment of acute, chronic pain and/or neuropathic pain and migraines)

L213 ANSWER 7 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1997:177839 CAPLUS
DOCUMENT NUMBER: 126:272615
TITLE: L-tyrosine and nicotine induce synthesis of L-Dopa and norepinephrine in human lymphocytes
AUTHOR(S): Musso, Natale R.; Brenci, Sabrina; Indiveri, Francesco; Lotti, Gaetano
CORPORATE SOURCE: Department of Internal Medicine, San Martino Hospital, University of Genoa, Viale Benedetto XV, Genoa, 6-16132, Italy
SOURCE: J. Neuroimmunol. (1997), 74(1,2), 117-120
CODEN: JNRIDW; ISSN: 0165-5728
PUBLISHER: Elsevier

Searched by Barb O'Bryen STIC 308-4291

DOCUMENT TYPE: Journal
LANGUAGE: English
AB Catecholamines (CA) were studied in peripheral human lymphocytes in basal conditions as well as after L-tyrosine and/or acetylcholine (ACh) stimulation. Nicotinic and muscarinic receptor activation and blockade were assessed. CA were detd. after ultrasonic cell disruption in peripheral lymphocytes after incubation (1 h at 37.degree.) with the chems. employed. L-Tyrosine significantly increased L-Dopa and norepinephrine (NE) content of lymphocytes. ACh in the low .mu.M range did not modify, whereas ACh (60 .mu.M) and (120 .mu.M) significantly increased, both L-Dopa and NE intracellular levels. L-Tyrosine plus ACh (60 M) or (120 M) significantly increased intracellular L-Dopa and NE vs. control, vs. L-tyrosine alone and vs. ACh alone. The increase was higher than the algebraic sum of the individual increases. Nicotine (250 .mu.M), but not muscarine (50 .mu.M), significantly increased L-Dopa and NE in lymphocytes. Tetraethylammonium (500 .mu.M) (nicotinic blocker), but not atropine (100 .mu.M) (muscarinic blocker), inhibited the ACh-mediated increase of intracellular L-Dopa and NE. These data show that lymphocyte synthesis of CA is under nicotinic control. Since intracellular L-Dopa after L-tyrosine plus ACh increased 6-fold vs. basal, 2-fold vs. L-tyrosine alone and 3-fold vs. ACh alone, it is concluded that ACh might regulate CA synthesis in lymphocytes through an activation of the rate limiting enzyme tyrosine hydroxylase.
IT **54-11-5**, Nicotine
RL: BAC (Biological activity or effector, except adverse); BIOL (Biological study)
(L-tyrosine and nicotine induce synthesis of **L-Dopa** and norepinephrine in human lymphocytes)
IT **59-92-7**, L-Dopa, biological studies
RL: MFM (Metabolic formation); BIOL (Biological study); FORM (Formation, nonpreparative)
(L-tyrosine and **nicotine** induce synthesis of L-Dopa and norepinephrine in human lymphocytes)

L213 ANSWER 8 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1996:491016 CAPLUS
DOCUMENT NUMBER: 125:188187
TITLE: Ventral tegmental injection of nicotine induces locomotor activity and L-DOPA release from nucleus accumbens
AUTHOR(S): Goshima, Yoshio; Miyamae, Takeaki; Nakamura, Shinichi; Miki, Kazuhei; Kosaka, Kenji; Misu, Yoshimi
CORPORATE SOURCE: Department of Pharmacology, Yokohama City University School of Medicine, 3-9 Fukuura, Kanazawa-ku, Yokohama, Japan
SOURCE: Eur. J. Pharmacol. (1996), 309(3), 229-233
CODEN: EJPHAZ; ISSN: 0014-2999
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Effects of nicotine administered systemically or locally on locomotor activity and L-3,4-dihydroxyphenylalanine (L-DOPA) release were studied using microdialysis in the nucleus accumbens of freely moving rats. The basal L-DOPA release was Ca2+-dependent and tetrodotoxin-sensitive. Systemic nicotine (1 mg/kg s.c.) increased locomotor activity and L-DOPA release preferentially in the nucleus accumbens as compared with the striatum. Injection of nicotine (30 .mu.g) into the ventral tegmental area increased locomotor activity and L-DOPA release from the nucleus accumbens. These increases were antagonized by prior injection of mecamylamine into the ventral tegmental area. Nicotine induces locomotor activity and L-DOPA release from the nucleus accumbens via nicotinic receptors in the ventral tegmental area. The release may be relevant to behavioral actions of nicotine.
IT **54-11-5**, Nicotine

RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(ventral tegmental injection of nicotine induces locomotor activity and **L-DOPA** release from nucleus accumbens)

IT **59-92-7**, L-DOPA, biological studies
RL: BPR (Biological process); BIOL (Biological study); PROC (Process)
(ventral tegmental injection of **nicotine** induces locomotor activity and L-DOPA release from nucleus accumbens)

L213 ANSWER 9 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1985:482187 CAPLUS
DOCUMENT NUMBER: 103:82187
TITLE: Neuro-active drugs in the regulatory system of sexual behavior of the male rat
AUTHOR(S): Soulairac, A.; Soulairac, M. L.
CORPORATE SOURCE: Psychophysiol. Lab., Sainte-Anne Hosp., Paris, Fr.
SOURCE: Curr. Clin. Pract. Ser. (1984), 26(Endorphins, Neuroregul. Behav. Hum. Reprod.), 179-200
CODEN: CCPSEZ
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Use of neurotransmitter agonists and antagonists indicated that sex activity of male adult rats is regulated by catecholaminergic (dopaminergic and adrenergic) receptors. Ablation of neocortical areas in the brain resulted in marked disturbances in sex behavior. In rats bearing small or large cortical lesions, the alterations in sex behavior were completely reversed by caffeine [58-08-2]; partially reversed by amphetamine [300-62-9], **L-dopa** [**59-92-7**], and amineptine [57574-09-1]; but unchanged by testosterone [58-22-0] or **nicotine** [**54-11-5**]. Evidently, neural mechanisms are involved in sex activity. Results are discussed in relation to the pure physiol. elements of sex activity and libido.

IT **54-11-5**
RL: BIOL (Biological study)
(sex activity in relation to)

IT **59-92-7**, biological studies
RL: BIOL (Biological study)
(sex activity response to, in cortical lesion)

L213 ANSWER 10 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1982:63386 CAPLUS
DOCUMENT NUMBER: 96:63386
TITLE: Neuromediator systems of the brain in the effects of neurotropic agents on reproducibility of engrams
AUTHOR(S): Shabanov, P. D.
CORPORATE SOURCE: USSR
SOURCE: Deposited Doc. (1980), VINITI 5382-80, 73-81 Avail.: VINITI
DOCUMENT TYPE: Report
LANGUAGE: Russian
AB In rats with amnesia to a conditioned passive avoidance reaction, responsiveness was restored by caffeine [58-08-2] (0.5-1.0 mg/kg), carbacholine [51-83-2], **nicotine** [**54-11-5**], metamisyl [10503-18-1], GABA [56-12-2], phenamin [60-13-9], **L-dopa** [**59-92-7**] (150 mg/kg), disulfiram [97-77-8], 5-hydroxytryptophan [56-69-9], deseryl [361-37-5], and L-histidine [71-00-1]. In animals which maintained the conditioned response, amnesia could be induced by caffeine (5 mg/kg), carbacholine, arecoline [63-75-2], spasmolytin [50-42-0], metamisyl, IEM-506 [13426-07-8], picrotoxin [124-87-8], **L-dopa** (300 mg/kg), isadrine [51-30-9], propranolol [525-66-6], .alpha.-methyl-p-tyrosine [658-48-0], apomorphine [58-00-4], haloperidol [52-86-8], 5-hydroxytryptophan, deseryl, and tavegil [14976-57-9]. These results were discussed in relation to the neuromediator systems of the brain involved in the process

of engram development.
IT **54-11-5 59-92-7**, biological studies
RL: BIOL (Biological study)
(conditioned passive avoidance reaction response to, amnesia in relation to)

L213 ANSWER 11 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1979:146049 CAPLUS
DOCUMENT NUMBER: 90:146049
TITLE: Hypothalamic peptides and pituitary hormone secretion
AUTHOR(S): Kato, Yuzuru
CORPORATE SOURCE: Sch. Med., Kyoto Univ., Kyoto, Japan
SOURCE: Horumon to Rinsho (1979), 27(1), 29-36
CODEN: HORIAE; ISSN: 0439-5875
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB Plasma growth hormone (I) [9002-72-6] and prolactin (II) [9002-62-4] response to an i.v. injection of substance P (III) [33507-63-0] was counteracted by **L-dopa** (IV) [**59-92-7**]. **Nicotine** [**54-11-5**] prevented the plasma I response to III, but not the plasma II response to III. Plasma I and II were elevated following an i.v. injection of neurotensin [39379-15-2], and to lesser extent, of xenopsin [51827-01-1]. The stimulation of pituitary I and II secretion was greater in the descending order of .beta.-endorphin (V) [60617-12-1], .alpha.-endorphin [61512-76-3], met-enkephalin [58569-55-4]. The V- and vasoactive intestinal polypeptide (VI) [37221-79-7]-stimulated secretion of I and II was strongly inhibited by naloxone (anti-V drug) or IV. The inhibitory effect of 0.1 .mu.M dopamine [51-61-6] on II release from cultivated rat pituitary cells was completely antagonized by the addn. of 0.1 .mu.M VI.
IT **59-92-7**, biological studies
RL: BIOL (Biological study)
(growth hormone and prolactin of blood plasma response to substance P antagonism by)
IT **54-11-5**
RL: BIOL (Biological study)
(growth hormone and prolactin of blood plasma response to substance P in relation to)

L213 ANSWER 12 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1978:573707 CAPLUS
DOCUMENT NUMBER: 89:173707
TITLE: Pharmacological study of cholinergic mechanisms of compensatory ovarian hypertrophy in rats
AUTHOR(S): Anisimov, V. N.
CORPORATE SOURCE: Lab. Endocrinol., N. P. Petrov Res. Inst. Oncol., Leningrad, USSR
SOURCE: Endokrinologie (1978), 71(2), 149-53
CODEN: ENDKAC; ISSN: 0013-7251
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Exptl. compensatory ovarian hypertrophy (COH) in rats was used to det. the effects of central M- and N-cholinomimetics and cholinolytics on the regulation of pituitary gonadotropic function. Treatment of hemicastrated adult female rats with **nicotine** [**54-11-5**] increased COH, whereas the central N-cholinolytic IEM-506 [13426-07-8] decreased COH and prevented the estrogen-induced suppression of COH. **L-Dopa** [**59-92-7**] abolished the effect of IEM-SO6 and disulfiram [97-77-8] blocked the gonadotropic action of **nicotine**. Increasing the dose of arecoline [63-75-2] decreased COH and the sensitivity of the hypothalamo-gonadotropic complex to estrogen suppression. The treatment of rats with **l-dopa** and disulfram abolished this latter effect of arecoline. The central

M-cholinolytic metamizyl [10503-18-1] decreased COH, potentiated the effect of estrogen, and prevented the gonadotropic effect of **l-dopa**. The regulatory roles of M-cholinergic systems in noradrenaline mediation of gonadotropic function and the N-cholinergic system in dopamine ones are suggested.

IT **54-11-5**
RL: BIOL (Biological study)
(compensatory ovarian hypertrophy response to)

IT **59-92-7**, biological studies
RL: BIOL (Biological study)
(compensatory ovarian hypertrophy response to cholinergic drugs and)

L213 ANSWER 13 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1979:180621 CAPLUS
DOCUMENT NUMBER: 90:180621
TITLE: Effects of substance P, neurotensin, endorphins and vasoactive intestinal polypeptide (VIP) on plasma prolactin and growth hormone levels in rats
AUTHOR(S): Kato, Yuzuru; Iwasaki, Yoshiko; Abe, Hiromi; Imura, Hiroo; Yanaihara, Noboru
CORPORATE SOURCE: Sch. Med., Kobe Univ., Kobe, Japan
SOURCE: Rinsho Kagaku Shimpojumu (1978), Volume Date 1977, 17, 71-5
CODEN: RKASDA; ISSN: 0386-3417
DOCUMENT TYPE: Journal
LANGUAGE: Japanese

AB I.v. injection of synthetic substance P [33507-63-0] increased plasma prolactin (PRL) [9002-62-4] and growth hormone (GH) [9002-72-6] in urethane-anesthetized male rats. Simultaneous administration of either **l-dopa** [**59-92-7**] or **nicotine** [**54-11-5**] significantly suppressed plasma GH increase induced by substance P, whereas plasma PRL responses to substance P were inhibited by **l-dopa** but not by **nicotine**. Plasma PRL and GH were also elevated by i.v. injection of neurotensin [39379-15-2] and xenopsin [51827-01-1]. Both .beta.-endorphin [60617-12-1] and .alpha.-endorphin [61512-76-3] injected into the lateral ventricle significantly elevated plasma PRL and GH. .beta.-Endorphin was more potent than .alpha.-endorphin. Plasma PRL and GH responses to these opioid peptides were significantly inhibited by naloxone. Intraventricular injection of vasoactive intestinal peptide (VIP) [37221-79-7] caused a significant and dose-related increase in plasma PRL, whereas plasma GH was not affected at the dose examd. Increases in plasma PRL induced by VIP were significantly inhibited not only by **l-dopa** but also by naloxone injected i.v. Apparently, substance P, neurotensin, and endorphins stimulate the secretion of both PRL and GH, whereas VIP may stimulate PPL but not GH secretion in the rat.

IT **54-11-5 59-92-7**, biological studies
RL: BIOL (Biological study)
(growth hormone release by substance P in response to)

L213 ANSWER 14 OF 43 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1976:517210 CAPLUS
DOCUMENT NUMBER: 85:117210
TITLE: Growth hormone and prolactin release by substance P in rats
AUTHOR(S): Kato, Yuzuru; Chihara, Kazuo; Ohgo, Shozo; Iwasaki, Yoshiko; Abe, Hiromi; Imura, Hiroo
CORPORATE SOURCE: Sch. Med., Kobe Univ., Kobe, Japan
SOURCE: Life Sci. (1976), 19(3), 441-6
CODEN: LIFSAK
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Injection of synthetic substance P [33507-63-0] resulted in a significant

and dose-related increase in plasma growth hormone (GH) [9002-72-6] and prolactin (PRL) [9002-62-4] in urethane-anesthetized rats. Increases in plasma GH induced by Substance P were significantly suppressed by the simultaneous administration of either **l-dopa** [**59-92-7**] or **nicotine** [**54-11-5**], whereas plasma PRL responses to substance P were blunted by **l-dopa** but not by **nicotine**. Substance P also raised plasma GH and PRL in rats with extensive hypothalamic destruction. **L-dopa** significantly suppressed plasma PRL responses to substance P in rats with hypothalamic destruction. However, plasma GH responses to Substance P were not significantly affected by **l-dopa** nor by **nicotine** in animals with hypothalamic ablation. Apparently, substance P stimulates rat GH and PRL secretion possibly acting on the anterior pituitary, and **l-dopa** and **nicotine** affect GH and PRL release induced by sSubstance P in different ways.

IT **59-92-7**
RL: BIOL (Biological study)
(growth hormone and prolactin secretion stimulation by substance P inhibition by)

IT **54-11-5**
RL: BIOL (Biological study)
(growth hormone secretion stimulation by substance P inhibition by)

L213 ANSWER 15 OF 43 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 97120178 EMBASE
DOCUMENT NUMBER: 1997120178
TITLE: Interactions between a novel cholinergic ion channel agonist, SIB-1765F and L-DOPA in the reserpine model of Parkinson's disease in rats.
AUTHOR: Menzaghi F.; Whelan K.T.; Risbrough V.B.; Rao T.S.; Lloyd G.K.
CORPORATE SOURCE: Dr. F. Menzaghi, SIBIA Neurosciences, Inc., 505 Coast Boulevard South, San Diego, CA 92307-4641, United States
SOURCE: Journal of Pharmacology and Experimental Therapeutics, (1997) 280/1 (393-401).
Refs: 69
ISSN: 0022-3565 CODEN: JPETAB
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB SIB-1765F, a novel nicotinic acetylcholine receptor agonist, was tested for its efficacy in attenuating reserpine-induced hypolocomotion in rats. SIB-1765F was administered alone or in combination with L-DOPA and its effects were compared to those of nicotine, d-amphetamine and amantadine in the same conditions. Consistent with previous reports, reserpine-induced hypolocomotion was reversed by L-DOPA (plus benserazide), d-amphetamine and amantadine in a dose-dependent manner and the effect of L-DOPA in reserpine- treated rats was potentiated by amantadine, SIB-1765F also increased the locomotor activity of reserpine-treated rats and potentiated the effect of L- DOPA on reserpine-induced hypolocomotion. The onset of potentiation of L- DOPA by SIB-1765F was rapid (<5 min) compared to the onset of potentiation by amantadine (>105 min). Interestingly, nicotine did not attenuate reserpine- induced hypolocomotion nor did it affect the action of L-DOPA on reserpine- treated rats. Biochemical analysis of levels of dopamine and its metabolites, dihydroxyphenylacetic and homovanillic acid, indicated that, in contrast to amphetamine, SIB-1765F did not inhibit dopamine reuptake. The effect of SIB- 1765F in reserpine-treated rats was attenuated by .alpha.-methyl-p-tyrosine, implying that SIB-1765F acts by

releasing dopamine from both reserpine- insensitive and reserpine-sensitive pools. Our findings demonstrate that nicotinic acetylcholine receptor agonists may offer a new therapeutic approach to the symptomatic treatment of the motor deficits in patients with Parkinson's disease.

L213 ANSWER 16 OF 43 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92190379 EMBASE
DOCUMENT NUMBER: 1992190379
TITLE: [Drug, alcohol and tabac].
MEDICAMENTS, ALCOOL ET TABAC.
AUTHOR: Talbert M.
CORPORATE SOURCE: Hopital Delafontaine,93205 Saint-Denis, France
SOURCE: Journal de Pharmacie Clinique, (1992) 11/1 (23-27).
ISSN: 0291-1981 CODEN: JPCLDE
COUNTRY: France
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 030 Pharmacology
037 Drug Literature Index
LANGUAGE: French
SUMMARY LANGUAGE: French; English
AB The healthy life, and particularly the use of alcohol and tabac, could modify the drug activity. The medical prescription and the pharmaceutical advise have to take care of these interactions more so in patients that receive a precise posology treatment (hypoglycemic, antiasthmatic and anticoagulant drugs). Furthermore, we have to take care of an antibuse with alcohol and the association with tabac and oestroprogestatif.

L213 ANSWER 17 OF 43 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 83087877 EMBASE
DOCUMENT NUMBER: 1983087877
TITLE: [4-Phenylcyclohexylethylamine derivatives with antidepressant activity].
DERIVATI DELLA 4-FENILCICLOESILETILAMMINA AD ATTIVITA ANTIDEPRESSIVA.
AUTHOR: De Meglio P.; Ravenna F.; Carenini G.; et al.
CORPORATE SOURCE: Lab. Ric. Maggioni Farm. spA, Milano, Italy
SOURCE: Farmaco, Edizione Scientifica, (1982) 37/12 (836-858).
CODEN: FRPSAX
COUNTRY: Italy
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
LANGUAGE: Italian
SUMMARY LANGUAGE: English

L213 ANSWER 18 OF 43 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 78089643 EMBASE
DOCUMENT NUMBER: 1978089643
TITLE: Pharmacodynamic aspects of drug interactions.
AUTHOR: Ariens E.J.; Simonis A.M.
CORPORATE SOURCE: Pharmacol. Inst., Univ. Nijmegen, Netherlands
SOURCE: Naunyn-Schmiedeberg's Archives of Pharmacology, (1977) 297/sup.1 (37-41).
CODEN: NSAPCC
COUNTRY: Germany
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
030 Pharmacology
LANGUAGE: English
AB Drug interactions can be classified according to their consequences in: interactions resulting in adverse reactions, such as over-response, enhancement of toxic effects and reduction or loss of therapeutic effect, and interactions resulting in desirable reactions, such as enhancement of

therapeutic effect and reduction of toxic effects or side effects. A further classification is possible on the basis of the quantitative consequences of the interaction.

L213 ANSWER 19 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 2001-19342 DRUGU P
TITLE: Dose-related neuroprotective effects of chronic nicotine in 6-hydroxydopamine treated rats, and loss of neuroprotection in alpha4 nicotinic receptor subunit knockout mice.
AUTHOR: Ryan R E; Ross S A; Drago J; Loiacono R E
CORPORATE SOURCE: Univ.Monash
LOCATION: Melbourne, Austr.
SOURCE: Br.J.Pharmacol. (132, No. 8, 1650-56, 2001) 2 Fig. 49 Ref.
CODEN: BJPCBM ISSN: 0007-1188
AVAIL. OF DOC.: Department of Pharmaceutical Biology and Pharmacology, Victorian College of Pharmacy, Monash University, Parkville, Victoria 3052, Australia. (e-mail: rebecca.ryan@vcp.monash.edu.au).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Chronic administration of s.c. (-)-nicotine di-d-tartrate produced dose-dependent neuroprotective effect on intrastriatal 6-hydroxydopamine (6-OHDA) (both Research-Biochem.)-induced loss of striatal dopaminergic nerve terminals in rats. Acute nicotine treatment provided protection against i.p. methamphetamine-induced neurodegeneration in wild-type (WT) mice. However, nicotine failed to attenuate methamphetamine-induced loss of dopaminergic terminals in alpha4 nicotinic receptor (nAChR) subunit knockout mice. Results suggest that nicotine is capable of protecting dopaminergic neurons against Parkinsonian-like neurodegeneration in vivo.

L213 ANSWER 20 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 2001-15899 DRUGU P
TITLE: Nicotine, but not cotinine, partially protects dopaminergic neurons against MPTP-induced degeneration in mice.
AUTHOR: Parain K; Marchand V; Dumery B; Hirsch E
LOCATION: Paris, Fr.
SOURCE: Brain Res. (890, No. 2, 347-50, 2001) 2 Fig. 19 Ref.
CODEN: BRREAP ISSN: 0006-8993
AVAIL. OF DOC.: INSERM U289, Hopital de la Salpetriere, 47 Bd de l'Hopital, 75651 Paris Cedex 13 France. (E.H.). (e-mail: Hirsch@ccr.jussieu.fr).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB I.p. nicotine, but not cotinine (both Sigma-Aldrich), slightly protected dopaminergic neurons against MPTP intoxication. MPTP intoxication induced a loss of dopaminergic perikarya in the substantia nigra and a decrease in dopaminergic fibers in the striatum. As cotinine transfer to the brain is less efficient than that of nicotine, a neuroprotective action of this compound might be observed at higher concentrations. Thus, further studies are needed to determine whether other compounds present in cigarette smoke can protect dopaminergic neurons against degeneration in Parkinson's disease.

L213 ANSWER 21 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1998-41479 DRUGU P
TITLE: Effects of nicotine on 1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine-induced depression of striatal dopamine content and spontaneous locomotor activity in C57 black mice.
AUTHOR: Gao Z G; Cui W Y; Zhang H T; Liu C G

LOCATION: Beijing, China
SOURCE: Pharmacol.Res. (38, No. 2, 101-06, 1998) 1 Fig. 2 Tab. 33 Ref.
CODEN: PHMREP ISSN: 1043-6618
AVAIL. OF DOC.: Institute of Pharmacology and Toxicology, Academy of Military Medical Sciences, 27 Taiping Road, Beijing 100850, People's Republic of China.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Chronic s.c. nicotine (Sigma-Chem.) protected against i.p. 1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine (MPTP) induced suppression of dopamine level in the striatum and spontaneous locomotor activity in C57 black mice. Nicotine did not affect dopamine or DOPAC levels or MPTP induced suppression of DOPAC level in the striatum. A single dose of MPTP which depressed spontaneous locomotor activity and striatal dopamine content in C57 black mice had no significant effect on either parameter in Swiss mice. A single dose of MPTP which was lethal in C57 black mice was not lethal in Swiss mice. Nicotine partly protected against MPTP induced lethality in C57 black mice. Results indicate a therapeutic action of nicotine in the parkinsonian animal model.

L213 ANSWER 22 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1998-07836 DRUGU T
TITLE: Gilles de la Tourette syndrome. Effects of nicotine, alcohol and marijuana on clinical symptoms.
AUTHOR: Mueller Vahl K R; Kolbe H; Dengler R
LOCATION: Hannover, Ger.
SOURCE: Nervenarzt (68, No. 12, 985-89, 1997) 43 Ref.
CODEN: NERVAF ISSN: 0028-2804
AVAIL. OF DOC.: Neurologische Klinik mit Klinischer Neurophysiologie, Medizinische Hochschule Hannover, Carl-Neuberg Strasse 1, D-30623 Hannover, Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB When 47 patients with Gilles de la Tourette syndrome (GTS) were asked about the effects of smoking, alcohol and marijuana on their symptoms, only a few of the smokers said their symptoms were reduced by nicotine, whereas many of the subjects who regularly drank alcohol reported that it lessened their symptoms. Marijuana was also said to reduce symptoms in the majority of users.

L213 ANSWER 23 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1997-19561 DRUGU P B
TITLE: Nicotine protection in experimental parkinsonism: a role for neurotrophic factors.
AUTHOR: Riva M A; Begni B; Vaglini F; Racagni G; Corsini G U; Maggio R
CORPORATE SOURCE: Univ.Milan; Univ.Pisa
LOCATION: Milan; Pisa, It.
SOURCE: Pharmacol.Res. (35, Suppl., 34, 1997)
CODEN: PHMREP ISSN: 1043-6618
AVAIL. OF DOC.: Center for Neuropharmacology, University of Milan, Italy.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB (-)-Nicotine showed protective effects in rat and mouse models of parkinsonism (the diethyldithiocarbamate (DCC)-induced enhancement of MPTP toxicity in rats and the methamphetamine-induced neurotoxicity,

respectively). (-)-Nicotine increased the gene expression of basic fibroblast growth factor-2 and, to a lesser extent, brain-derived neurotrophic factor in the striatum, but not in other brain regions. The results suggest that the protective effect of (-)-nicotine in parkinsonism amy be due to an increase in the production of neurotrophic factors. (conference abstract).

L213 ANSWER 24 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1997-34880 DRUGU T
TITLE: Nicotine for the treatment of Tourette's syndrome.
AUTHOR: Sanberg P R; Silver A A; Shytle D; Philipp M K; Cahill D W; Fogelson H M; McConville B J
CORPORATE SOURCE: Univ.South-Florida; Univ.Cincinnati
LOCATION: Tampa, Fla.; Cincinnati, Ohio, USA
SOURCE: Pharmacol.Ther. (74, No. 1, 21-25, 1997) 51 Ref.
CODEN: PHTHDT ISSN: 0163-7258
AVAIL. OF DOC.: Division of Neurological Surgery, Department of Surgery, University Of South Florida College Of Medicine, 12901 Bruce B.Downs Blvd., Tampa, FL 33612-4799, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Nicotine for the treatment of Tourette's syndrome is reviewed with reference to Tourette' syndrome medication, nicotine and neuroleptic interaction in rats, nicotine and Tourette's syndrome, transdermal nicotine and Tourette's syndrome, anecdotal reports of tobacco use and Tourette's syndrome and the mechanism of action.

L213 ANSWER 25 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1996-23188 DRUGU T P B E S
TITLE: Pharmacology of nicotine: addiction and therapeutics.
AUTHOR: Benowitz N L
CORPORATE SOURCE: Univ.California
LOCATION: San Francisco, Cal., USA
SOURCE: Annu.Rev.Pharmacol.Toxicol. (36, 597-613, 1996) 93 Ref.
CODEN: ARPTDI ISSN: 0362-1642
AVAIL. OF DOC.: Clinical Pharmacology Unit of the Medical Service, San Francisco General Hospital Medical Center, San Francisco, CA 94143-1220, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The pharmacology of nicotine (NC), in particular addiction and therapeutics, is reviewed. Topics discussed are: mechanisms of action; pharmacokinetics and metabolism; NC addiction; NC cardiovascular, endocrine and metabolic effects; pharmacology of NC metabolites; NC replacement therapy; and NC as treatment for diseases other than tobacco addiction. NC maintains tobacco addiction, and is therapeutic for smoking cessation and in some other medical diseases such as ulcerative colitis, Alzheimer disease, Parkinson disease, Tourettes syndrome, sleep apnea and attention deficit disorder.

L213 ANSWER 26 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1997-05822 DRUGU T S
TITLE: Transdermal nicotine for Tourette's syndrome.
AUTHOR: Shytle R D; Silver A A; Philipp M K; McConville B J; Sanberg P R
CORPORATE SOURCE: Univ.South-Florida; Univ.Cincinnati
LOCATION: Tampa, Fla.; Cincinnati, Ohio, USA
SOURCE: Drug Dev.Res. (38, No. 3-4, 290-98, 1996) 1 Fig. 1 Tab. 53 Ref.

Searched by Barb O'Bryen STIC 308-4291

CODEN: DDREDK ISSN: 0272-4391
AVAIL. OF DOC.: Department of Surgery, MDC-16, Division of Neurological Surgery, University of South Florida, College of Medicine, 12901 Bruce B. Downs Blvd., Tampa, FL 33612-4799, U.S.A. (P.R.S.).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Transdermal nicotine patches (TNP, Nicoderm) reduced tic severity in a study in 20 patients with Tourette's syndrome. Concomitant therapy included haloperidol, pimozide and perphenazine. Side-effects included local itching, nausea, vomiting, headache and sedation. (conference paper).

L213 ANSWER 27 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1997-04470 DRUGU P T S
TITLE: Pharmacology and nicotine and its therapeutic use in smoking cessation and neurodegenerative disorders.
AUTHOR: Balfour D J K; Fagerstroem K O
CORPORATE SOURCE: Univ.Dundee, Pharmacia; Upjohn
LOCATION: Dundee, U.K.; Helsingborg, Swed.
SOURCE: Pharmacol.Ther. (72, No. 1, 51-81, 1996) 2 Fig. 6 Tab. 262 Ref.
CODEN: PHTHDT ISSN: 0163-7258
AVAIL. OF DOC.: Neuroscience Research Institute, Department of Pharmacology, University of Dundee Medical School, Ninewells Hospital, Dundee, Scotland.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The pharmacology of nicotine and its therapeutic use in smoking cessation and neurodegenerative disorders such as Parkinson's disease and Alzheimer's disease are reviewed. The neuropharmacological properties of nicotine, its effects on animal behavior, on learning and memory, the pharmacological preparations used to in smoking cessation, its pharmacokinetics, clinical efficacy and side-effects are discussed. Amphetamine, cocaine, mecamylamine and pentetrazol are also mentioned.

L213 ANSWER 28 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1996-32211 DRUGU P
TITLE: Effects of acute nicotine administration on parkinsonain disability and dyskinesia in MPTP-treated common marmosets.
AUTHOR: Banerji T; Pearce R K B; Desai N B; Jackson M J; Jenner P; Marsden C D
CORPORATE SOURCE: Univ.London
LOCATION: London, U.K.
SOURCE: Br.J.Pharmacol. (118, Proc.Suppl., 38P, 1996) 1 Fig. 3 Ref.
CODEN: BJPCBM ISSN: 0007-1188
AVAIL. OF DOC.: Neurodegenerative Diseases Research Centre, Pharmacology Group, King's College, London SW3 6LX, England.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The effects of acute s.c. nicotine administration on motor disability and dyskinesia induced by pretreatment with MPTP or MPTP and p.o. L-DOPA were determined in common marmosets. The results showed reduced disability scores in L-DOPA-primed animals after nicotine, but no significant positive effect of acute nicotine administration on dyskinesia or locomotor activity in the animal model. The delay of onset of L-DOPA's actions by nicotine suggest either an impairment of L-DOPA absorption or

an inhibitory effect of nicotine on the action of L-DOPA in the brain. (conference abstract).

L213 ANSWER 29 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1997-04230 DRUGU P
TITLE: Nicotine protects from experimental parkinsonism.
AUTHOR: Corsini G U; Vaglini F; Fornai F; Maggio R
CORPORATE SOURCE: Univ.Pisa-Inst.Pharmacol.
LOCATION: Pisa, It.
SOURCE: J.Neural Transm. (103, No. 10, X, 1996)
CODEN: JNTMAH ISSN: 0300-9564
AVAIL. OF DOC.: Instituto di Farmacologia, Universita di Pisa, Italy
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The neuroprotective effect of nicotine in 2 animal models of Parkinson's disease, the diethyldithiocarbamate induced enhancement of 1-methyl-4-phenyl 1,2,3,6-tetrahydropyridine toxicity in mice and the methamphetamine induced neurotoxicity in mice and rats, were described. The results indicated an increase of neurotrophic factors as a possible mechanism by which nicotine protected from experimental parkinsonism. (conference abstract). (No EX).

L213 ANSWER 30 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-16937 DRUGU T S
TITLE: The short-term effect of nicotine chewing gum in patients with Parkinson's disease.
AUTHOR: Clemens P; Baron J A; Coffey D; Reeves A
LOCATION: Hanover, N.H., USA
SOURCE: Psychopharmacology(Berlin) (117, No. 2, 253-56, 1995) 4 Fig. 23 Ref.
CODEN: PSCHDL ISSN: 0033-3158
AVAIL. OF DOC.: Department of Medicine, Darthmouth-Hitchkock Medical Center, Hanover, NH 03756, U.S.A. (J.A.B.).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB In a short-term, placebo-controlled, double-blind trial in 48 Parkinson's disease patients, nicotine polacrilex chewing gum (Nicorette) had no significant effect on Parkinsonian symptoms. Nicotine was well tolerated, but vomiting and nausea occurred in a few cases. Most of the patients were also receiving L-dopa or carbidopa. A longer-term trial may be feasible.

L213 ANSWER 31 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-10162 DRUGU T
TITLE: Differential effects of transdermal nicotine patch on the symptoms of Tourette's syndrome.
AUTHOR: Dursun S M; Bird R; Reveley M A
CORPORATE SOURCE: Univ.Leicester
LOCATION: Leicester, U.K.
SOURCE: Br.J.Clin.Pharmacol. (39, No. 1, 100P-101P, 1995) 1 Tab. 4 Ref.
CODEN: BCPHBM ISSN: 0306-5251
AVAIL. OF DOC.: Department of Psychiatry, Faculty of Medicine, University of Leicester, Leicester LE2 7LX, England.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB 2 10 Mg transdermal nicotine patches (TNP) were applied for 2 consecutive

days to 3 male non-smoking Tourette's syndrome (TS) patients (1 a drug-naive 14-yr-old and the other 2 were 44- and 18-yr-old patients refractory to haloperidol). Follow-up was 4 wk. Results demonstrated that TNP may be effective in reducing symptoms of TS (up to 4 wk) in non-smoking patients who are not satisfactorily controlled with haloperidol. Application of TNP plus haloperidol differentially affected the symptoms of TS which suggest that the nicotinic cholinoceptors may be differentially involved in the generation of the symptoms of TS. (conference abstract). (No EX).

L213 ANSWER 32 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-43368 DRUGU P T S
TITLE: Nicotine. From pleasure-giving substance to drug?
AUTHOR: Mueller C E
CORPORATE SOURCE: Inst.Pharm.+Nutritional-Chem.
LOCATION: Wurzburg, Ger.
SOURCE: Dtsch.Apoth.Ztg. (135, No. 36, 17-32, 1995) 8 Fig. 5 Tab. 60 Ref.
CODEN: DAZEA2 ISSN: 0011-9857
AVAIL. OF DOC.: Institut fuer Pharmazie und Lebensmittelchemie, Am Hubland, 97074 Wuerzburg, Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB This review considers the history, origin, current use, dependency, addictive effects, pharmacological effects, molecular mode of action of nicotine (NC) and the structure of NC receptors. The possible therapeutic uses of NC agonists such as the naturally-occurring epibatidine, anatoxin A and cytisine and the synthetic imidaclopride, 1-methyl-2-(3-pyridyl)-azetidine (MPA) and ABT-418 include Parkinson's and Alzheimer's diseases, improvement of cognitive functions, anxiety, obesity, ulcerative colitis and analgesia. MPA is 10 times more effective than NC in binding studies. ABT-418 improved memory and shows anxiolytic activity in animals, where it is 3-10 times more active than NC, with fewer side effects. NC itself is used in antismoking remedies and in ulcerative colitis.

L213 ANSWER 33 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1996-33624 DRUGU P B
TITLE: Nicotine prevents MPTP experimental parkinsonism in rodents.
AUTHOR: Vaglini F; Fascetti F; Pardini C; Mancino L; Corsini G U
CORPORATE SOURCE: Univ.Pisa-Inst.Pharmacol.
LOCATION: Pisa, It.
SOURCE: J.Neural Transm. (102, No. 3, L, 1995)
CODEN: JNTMAH ISSN: 0300-9564
AVAIL. OF DOC.: Institute of Pharmacology, School of Medicine, University of Pisa, Italy.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB (-)Nicotine (1 mg/kg, s.c.) administered 3 times (90 and 30 min before and 30 min after MPTP) completely prevented both the marked depletion of striatal dopamine and the severe loss of tyrosine hydroxylase-positive pericarya in the substantia nigra pars compacta induced by combined treatment of mice with diethyldithiocarbamate + MPTP. The findings suggested that nicotine could be responsible for the reduced prevalence of Parkinson's disease among smokers. Possible mechanisms are discussed, including NMDA antagonism and nicotinic cholinergic receptor activation. (conference abstract). (No EX).

L213 ANSWER 34 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD

Searched by Barb O'Bryen STIC 308-4291

ACCESSION NUMBER: 1996-33588 DRUGU T S
TITLE: Nicotine and neuropsychiatric movement disorders.
AUTHOR: Erdmann R; Hoegemann D
CORPORATE SOURCE: Univ.Hanover
LOCATION: Hanover, Ger.
SOURCE: J.Neural Transm. (102, No. 3, XIII-XIV, 1995)
CODEN: JNTMAH ISSN: 0300-9564
AVAIL. OF DOC.: Department of Clinical Psychiatry and Psychotherapy, Medizinische Hochschule Hannover, Germany.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Nicotine (NC) was found to have positive effects in patients with Tourette syndrome (TS) and possibly in tardive dyskinesia (TD) as well as neuroleptic-induced Parkinsonism (NIP), but not in idiopathic Parkinson's disease (IPD). With respect of epidemiological, electrophysiological, pathobiochemical and pathophysiological studies and the Authors' present preliminary results, a hypothetical model of the NC effects in neuropsychiatric movement disorders suggests that acute NC administration leads to a higher activity in the frontal cortex and amelioration of the symptomatology, especially in TS. Chronic NC administration desensitizes the dopaminergic receptors in the nigro-striatal system with positive results in TS and TD, but negative results in IPD and NIP. NC is possibly helpful in the treatment of some movement disorders. (conference abstract). (No EX).

L213 ANSWER 35 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-01775 DRUGU T
TITLE: Longlasting improvement of Tourette's syndrome with transdermal nicotine.
AUTHOR: Dursun S M; Reveley M A; Bird R; Stirton F
CORPORATE SOURCE: Univ.Leicester
LOCATION: Leicester, U.K.
SOURCE: Lancet (344, No. 8936, 1577, 1994) 1 Tab. 4 Ref.
CODEN: LANCAO ISSN: 0140-6736
AVAIL. OF DOC.: Department of Psychiatry, Robert Kilpatrick Clinical Sciences Building, University of Leicester, Faculty of Medicine, Leicester LE2 7LX, England.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB A study of 5 patients (pts) with long-lasting improvement of Tourette's syndrome with transdermal nicotine patches (TNP) is reported in a letter. All pts were neither active nor passive smokers. All but 1 pt were also receiving haloperidol (HA). TNP reduced the number of tics with no reported side-effects for up to 4 wk but not 16 wk, athough there was still a tendency towards reduction after this time period. This dose regimen may be effective in improving the tics of non-smoking pts who have not received medication and also those whose symptoms cannot be controlled with neuroleptics. TNP is effective as sole treatment or an addition to HA. TNP may induce improvement by prolonging desensitization of brain nicotinic receptors. Further research is required to determine the dose-dependent efficacy of TNP and the role of brain nicotinic receptors in Tourette's syndrome.

L213 ANSWER 36 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1994-44955 DRUGU T P
TITLE: Nicotine may relieve symptoms of Parkinsons's disease.
AUTHOR: Fagerstroem K O; Pomerleau O; Giordani B; Stelson F
CORPORATE SOURCE: Pharmacia
LOCATION: Helsingborg, Sweden; Ann Arbor, Michigan, United States

Searched by Barb O'Bryen STIC 308-4291

SOURCE: Psychopharmacology(Berlin) (116, No. 1, 117-19, 1994) 2 Fig. 5 Ref.
CODEN: PSCHDL ISSN: 0033-3158
AVAIL. OF DOC.: Pharmacia Research Laboratories, Box 941, S-251 09 Helsingborg, Sweden.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The cases are described of 2 elderly patients in whom nicotine polacrilex (Nicorette gum) and transdermal nicotine patches were associated with an improvenments in the symptoms of Parkinson's disease (PD). The benefits of nicotine were demonstrated in double-blind, placebo-controlled dose-reversal studies. The improvement in PD symptoms was correlated with plasma cotinine levels. Other drugs given included orphenadrine (OP, Disipal) in 1 patient and carbidopa (CB)/levodopa (LD) (Sinepemet) and Eldepryl (selelgiline (SG)) in the other.

L213 ANSWER 37 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1994-44767 DRUGU T
TITLE: Microstructural analysis of the symptoms of Tourette's syndrome and the effects of a trial use of transdermal nicotine patch.
AUTHOR: Reveley M A; Bird R; Sirton R F; Dursun S M
CORPORATE SOURCE: Univ.Leicester
LOCATION: Leicester, United Kingdom
SOURCE: J.Psychopharmacol.(Oxford) (Conf.Abstr., A30, 1994) 3 Ref.
CODEN: JOPSEQ ISSN: 0269-8811
AVAIL. OF DOC.: Department of Psychiatry, Faculty of Medicine, University of Leicester, Leicester LE2 7LX, England.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Transdermal nicotine patches (TNP; Pharmacia) were evaluated in the treatment of 2 patients with Tourette's syndrome (TS). 1 Patient was previously untreated, the other had failed to respond to haloperidol (HP). beneficial effects were demonstrated in both patients. The results suggested that the nicotinic-cholinoceptors may be differentially involved in the generation of the symptoms of TS, alternatively TNP affected these symptoms via altering the dopaminergic and/or serotoninergic neurotransmission. (conference abstract).

L213 ANSWER 38 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1993-35726 DRUGU T P
TITLE: Transdermal Nicotine Patch and Potentiation of Haloperidol in Tourette's Syndrome.
AUTHOR: Silver A A; Sanberg P R
LOCATION: Tampa, Florida, United States
SOURCE: Lancet (342, No. 8864, 182, 1993) 2 Ref.
CODEN: LANCAO ISSN: 0140-6736
AVAIL. OF DOC.: University of South Florida College of Medicine, Tampa, Florida 33612, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB 2 Cases of Tourette's syndrome (TS) treated with transdermal nicotine patch are reported. In 1 patient NC may have potentiated the effect of haloperidol. Prior therapy included clomipramine and perphenazine. NC improved TS symptoms in a man whose symptoms had not responded to clonidine. NC decreased tension in 2 smokers with TS who had not benefited from haloperidol therapy.

Searched by Barb O'Bryen STIC 308-4291

L213 ANSWER 39 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1989-26894 DRUGU P T
TITLE: Nicotine and Cannabinoids as Adjuncts to Neuroleptics in the Treatment of Tourette Syndrome and Other Motor Disorders.
AUTHOR: Moss D E; Manderscheid P Z; Montgomery S P; Norman A B; Sanberg P R
LOCATION: El Paso, Texas, Cincinnati, Ohio, United States
SOURCE: Life Sci. (44, No. 21, 1521-25, 1989) 2 Fig. 18 Ref.
CODEN: LIFSAK ISSN: 0024-3205
AVAIL. OF DOC.: Laboratory of Psychobiochemistry, University of Texas at El Paso, El Paso, Texas 79968, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The use of nicotine and cannabinoids (THC, cannabidiol, and levonantradol (LE)) as adjuncts to neuroleptics in the treatment of Tourette syndrome and other motor disorders is reviewed. Animal studies demonstrating marked potentiation of neuroleptic-induced hypokinesia by cannabinoids probably via a nicotinic cholinergic mechanism, and clinical studies demonstrating potentiation by nicotine chewing gum of the efficacy of neuroleptics in the treatment of motor disorders are discussed.

L213 ANSWER 40 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1989-17141 DRUGU P T S
TITLE: Nicotine Potentiates the Effects of Haloperidol in Animals and in Patients with Tourette Syndrome.
AUTHOR: Sanberg P R; McConville J; Fogelson H M; Manderscheid P Z; Parker K W; Blythe M M
LOCATION: Cincinnati, Ohio, United States
SOURCE: Biomed.Pharmacother. (43, No. 1, 19-23, 1989) 2 Tab. 16 Ref.
CODEN: BIPHEX ISSN: 0753-3322
AVAIL. OF DOC.: Division of Neuroscience, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH 45267-0559, U.S.A. (8 authors).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB I.p. nicotine (NT, Sigma-Chem.) in rats potentiated i.p. haloperidol (HP, Research Biochem.)-induced hypokinesia. Administration of NT chewing gum (Nicotette) in 10 children with Tourette syndrome being treated with p.o. HP produced a substantial decrease in tics and improvement of concentration and attention span. NT gum alone was without effect. The majority of children discontinued the gum due to side effects (experienced by all children) which included stomach aches, weight loss, nausea, vomiting, bitter taste and lightheadedness. NT may prove useful as adjunctive therapy in other neuroleptic-responsive disorders.

L213 ANSWER 41 OF 43 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1988-20810 DRUGU T P S
TITLE: Nicotine Gum and Haloperidol in Tourette's Syndrome.
AUTHOR: Sanberg P R; Fogelson H M; Manderscheid P Z; Parker K W; Norman A B; McConville B J
LOCATION: Cincinnati, Ohio, United States
SOURCE: Lancet (1988, I, No. 8585, 592) 5 Ref.
CODEN: LANCAO ISSN: 0140-6736
AVAIL. OF DOC.: Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, Ohio 45267, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT

Searched by Barb O'Bryen STIC 308-4291

FILE SEGMENT: Literature
AB 2 Cases of improvement in the symptoms of Tourette's syndrome (an extrapyramidal movement disorder) after nicotine (NC, Nicorette chewing-gum) was added to existing haloperidol (HP) treatment are reported.Drowsiness, increased appetite and weight gain were observed with HP, and stomach ache and weight loss with NC. Methylphenidate therapy had been used previously in 1 patient. The mechanism of action whereby NC can potentiate the behavior of neuroleptics needs elucidation, although it has been shown to interact with the dopaminergic system. NC may prove useful for treating other neuroleptic-responsive disorders such as schizophrenia and Huntington's disease.

L213 ANSWER 42 OF 43 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 2001-328414 [34] WPIDS
DOC. NO. CPI: C2001-100693
TITLE: Treating neurobehavioral disorders comprises administering a composition comprising amino acid(s) and e.g. vitamins, neurotransmitter precursors, minerals, corticosteroids, enzyme inhibitors and/or immunological enhancers.
DERWENT CLASS: B05
INVENTOR(S): BECHTHOLD, J C; LILLY, T D
PATENT ASSIGNEE(S): (BECH-I) BECHTHOLD J C; (LILL-I) LILLY T D
COUNTRY COUNT: 91
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2001026642	A2	20010419	(200134)*	EN	91
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TZ UG ZW					
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ DE DK DZ EE ES FI GB GD GE GH GM HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW					
AU 2000080038	A	20010423	(200147)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2001026642	A2	WO 2000-US27894	20001006
AU 2000080038	A	AU 2000-80038	20001006

FILING DETAILS:

PATENT NO	KIND	PATENT NO
AU 2000080038	A Based on	WO 200126642

PRIORITY APPLN. INFO: US 2000-201043P 20000501; US 1999-158604P 19991008; US 1999-164049P 19991108; US 1999-166068P 19991117
AB WO 200126642 A UPAB: 20010620
NOVELTY - Treating a neurobehavioral disorder comprises administering intravenously a composition comprising amino acid(s), neurotransmitter precursors, vitamins, inhibitors of neurotransmitter degradation and/or immune function enhancers.
DETAILED DESCRIPTION - Treating a neurobehavioral disorder comprises administering intravenously a composition comprising amino acid(s), neurotransmitter precursors, vitamins, inhibitors of neurotransmitter degradation and/or immune function enhancers.
INDEPENDENT CLAIMS are included for:

(1) a sterile composition (I) for treating neurobehavioral disorders comprising:
(a) at least one amino acid;
(b) vitamin C; and
(c) an electrolyte solution.
(2) a sterile composition (II) for treating neurobehavioral disorders comprising:
(a) at least one amino acid;
(b) a corticosteroid; and
(c) an electrolyte solution;
(3) a sterile composition (III) for treating neurobehavioral disorders comprising:
(a) vitamin C;
(b) a corticosteroid; and
(c) an electrolyte solution;
(4) a sterile composition (IV) for treating neurobehavioral disorders comprising:
(a) at least one amino acid;
(b) an immune **potentiating** amount of gamma-globulin; and
(c) an electrolyte solution;
(5) a sterile composition (V) for treating neurobehavioral disorders comprising:
(a) at least one amino acid;
(b) an inhibitor of opioid peptide degradation; and
(c) an electrolyte solution;
(6) an oral composition (VI) for treating neurobehavioral disorders comprising:
(a) at least one amino acid; and
(b) a substance selected from Ginko Biloba, methylsulfonylmethane, phosphatidylserine, phosphatidylcholine, alpha lipoic acid, red ginseng root, L-aspartic acid, ephedrine, pancreatic enzymes, caffeine, theobromine, Hypericum perforatum extract, S-adenosyl methionine, dihydroxyacetate, DMAE, grape seed extract, betaine, prickly pear cactus extract, Gymnea sylvestre extract, nicotinamide adenine dinucleotide/hydrogen, cholecystokinin, Cyclo (His-Pro), corticotropin-releasing hormone, neuropeptide Y, galanin, monolaurin or fructo-oligosaccharides.
(7) a method for treating a neurobehavioral disorder comprising administering intravenously a sterile and isotonic composition comprising:
(a) vitamin C;
(b) a corticosteroid; and
(c) water;
(8) a method for treating a neurobehavioral disorder comprising:
(i) evaluating a neurobiological characteristic of the disorder; and
(ii) injecting the patient with an intravenous composition to treat the disorder; and
(9) a composition (VII) for treating a neurobehavioral disorder comprising:
(i) an inhibitor of opioid degradation; and
(ii) a substance selected from group (A) which comprises thymus extract, L-taurine, alpha-keto glutarate, lidocaine, L-glutathione, pyridoxal-5-phosphate, sodium ascorbate, oxytocin, L-glycine, L-leucine, gamma globulin, vitamin B complex, magnesium taurate, citric acid, chromium polynicotinate, chromium nicotinate, chromium picolynate, zinc chelate, calcium chelate, vitamin B-12, vitamin B-5, vitamin B-6, vitamin B-1, folic acid, L-taurine and balanced amino acid solution with electrolytes.
ACTIVITY - Anti-alcoholic, anti-depressant; nootropic; antismoking; antiaddictive; anxiolytic; tranquilizer; anorectic; neuroleptic; anticonvulsant; neuroprotective.
A 38 year old male suffering from sleep disorders, obsessive-compulsive disorder, anger and rage disorder, depression, drug and alcohol addiction, attention deficit hyperactivity disorder, neurally

mediated hypotension, chronic fatigue syndrome, dyslexia and a history of debilitating brain disorder for whom conventional therapies had minimal effect was given a number of infusion treatments culminating in an infusion comprising saline (500 ml), sodium ascorbate (25 mg), molybdenum (250 mg), magnesium (600 mg), vitamin E (500 IU), vitamin B1 + B complex (1 cc), manganese (2 cc), zinc (1 cc), selenium (2 cc), chromium (2 cc), calcium gluconate (7 cc), taurine (2 cc), copper solution (2 cc), adrenal cortical extract (5 cc) and vitamin A (1000000 IU). The subject noted a reduction in craving, fluid retention was improved and blood pressure stabilized. The subject also experienced an increased sense of calm and increased motivation, mood and energy.

MECHANISM OF ACTION - The components of the compositions are e.g. enzyme inhibitors (for inhibiting neurotransmitter degradation or opiate degradation), neurotransmitter precursors, insulin potentiators, dopamine receptor agonists, opiate receptor antagonists and ammonia scavengers.

USE - The compositions are useful for reducing symptoms associated with withdrawal, improving symptoms of drug and alcohol overuse and reducing or preventing cravings for addictive substances. The compositions and methods permit the brain to function more normally by supporting or increasing the function of deficient neurochemical pathways and can eliminate or decrease symptoms of withdrawal, craving or compulsion associated with addiction and other central neurobiological disorders. The methods are useful for treating neurobehavioral disorders and for diagnosing and/or evaluating underlying neurobehavioral disorders. The treatments are also useful for disorders involving carbohydrate addiction, weight gain and nicotine addiction. Neurobehaviors treatable by these methods and compositions include e.g. obesity, smoking, Tourette's Syndrome, ADHD (attention deficit hyperactivity disorders), ADD (attention deficit disorders), Schizoid/Avoidant Behavior, aggression, posttraumatic stress syndrome, alcoholism, drug addiction, obsessive compulsive disorders, learning disorders, reading problems, gambling, manic symptoms, phobias, panic attacks, oppositional defiant behavior, conduct disorder, sexual behavior disorders, schizoid disorders, somatization disorders, depression, sleep disorders, general anxiety disorders, stuttering, tic disorders, anger and violent behavior disorders as well as Huntington's chorea, amyotropic lateral sclerosis, environmental sensitivity, chemical injury syndrome and chronic fatigue syndrome.

ADVANTAGE - The compositions can minimize adverse effects of addiction and other neurobehavioral disorders in patients recovering from these disorders. The compositions can eliminate or decrease symptoms of withdrawal, craving or compulsion associated with addiction and other central neurobiological disorders and these effects can result in longer lasting improvements in symptoms, thus reducing the risk of relapse and also making it more likely that the patient will complete their course of treatment. The compositions are less expensive in comparison to the current costs of residential treatment for drug and alcohol addiction and costs incurred due to repeat therapy can be reduced.

Dwg.0/0

L213 ANSWER 43 OF 43 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1998-064150 [07] WPIDS
DOC. NO. NON-CPI: N1998-050375
DOC. NO. CPI: C1998-022424
TITLE: Transdermal therapeutic system containing pergolide - to treat Parkinson's disease, addiction and **nicotine** dependency, optionally in combination with another dopamine agonist e.g. **levodopa** or galanthamine.
DERWENT CLASS: A96 B02 P34
INVENTOR(S): FISCHER, W; SENDL-LANG, A; ZEH-HERWERTH, D
PATENT ASSIGNEE(S): (HEXA-N) HEXAL AG
COUNTRY COUNT: 73
PATENT INFORMATION:

Searched by Barb O'Bryen STIC 308-4291

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 19626621	A1	19980108	(199807)*		4
WO 9800142	A1	19980108	(199808)	GE	19
RW: AT BE CH DE DK EA ES FI FR GB GH GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW					
W: AL AM AT AU AZ BB BG BR BY CA CH CN CZ DE DK EE ES FI GB GE HU IS JP KE KG KP KR KZ LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK TJ TM TR TT UA UG US UZ VN					
AU 9736926	A	19980121	(199825)		
EP 910379	A1	19990428	(199921)	GE	
R: AT BE CH DE DK ES FI FR GB GR IE IT LI NL PT SE					
JP 2000514053	W	20001024	(200058)		15
AU 727267	B	20001207	(200103)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 19626621	A1	DE 1996-19626621	19960702
WO 9800142	A1	WO 1997-EP3458	19970702
AU 9736926	A	AU 1997-36926	19970702
EP 910379	A1	EP 1997-933646	19970702
		WO 1997-EP3458	19970702
JP 2000514053	W	WO 1997-EP3458	19970702
		JP 1998-503851	19970702
AU 727267	B	AU 1997-36926	19970702

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9736926	A	Based on	WO 9800142
EP 910379	A1	Based on	WO 9800142
JP 2000514053	W	Based on	WO 9800142
AU 727267	B	Previous Publ.	AU 9736926
		Based on	WO 9800142

PRIORITY APPLN. INFO: DE 1996-19626621 19960702

AB DE 19626621 A UPAB: 19980216

A transdermal therapeutic system is claimed which contains pergolide or its salt.

Preferably pergolide is present as the free base or as the mesylate or hydrochloride salt. Other substances may be combined to modify, strengthen, **synergise** or **potentiate** pergolide activity, especially another dopamine agonist (**levodopa**, carbidopa, selegiline, tacrine, physostigmine, galanthamine, 1-hydroxytacrine and/or their derivatives, salts or metabolites), permeability enhancer, stabiliser.

USE - Pergolide is D-6-n-propyl-8 beta -methylmercaptomethylergoline, a dopamine-receptor agonist. The transdermal system is used to treat Parkinson's disease, addiction and **nicotine** dependency.

ADVANTAGE - The transdermal system gives better control of release, over a longer period, with steadier serum levels and higher therapeutic effect at lower dosages. The system may be more acceptable to patients than tablets.

Dwg.0/0

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=> fil medl
FILE 'MEDLINE' ENTERED AT 17:17:39 ON 17 JAN 2002

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 SUBSTANCE IDENTIFICATION.

=> d que l139; d que l143; d que l150; d que l158; s (l139 or l150 or l158) not (l204 or
l208)
L136(      5938)SEA FILE=MEDLINE ABB=ON  BROMOCRIPTINE/CT
L137(       315)SEA FILE=MEDLINE ABB=ON  BIPERIDEN/CT
L138(     19873)SEA FILE=MEDLINE ABB=ON  PARKINSON DISEASE/CT
L139          2 SEA FILE=MEDLINE ABB=ON  L136 AND L137 AND L138


L140(      5938)SEA FILE=MEDLINE ABB=ON  BROMOCRIPTINE/CT
L141(       315)SEA FILE=MEDLINE ABB=ON  BIPERIDEN/CT
L142(      2032)SEA FILE=MEDLINE ABB=ON  TOURETTE SYNDROME/CT
L143          0 SEA FILE=MEDLINE ABB=ON  (L140 OR L141) AND L142


L144(       315)SEA FILE=MEDLINE ABB=ON  BIPERIDEN/CT
L145(     19873)SEA FILE=MEDLINE ABB=ON  PARKINSON DISEASE/CT
L146(      7095)SEA FILE=MEDLINE ABB=ON  L145(L)DT/CT
L147(      4431)SEA FILE=MEDLINE ABB=ON  L146/MAJ
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L152(     19873)SEA FILE=MEDLINE ABB=ON  PARKINSON DISEASE/CT
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L154(      4431)SEA FILE=MEDLINE ABB=ON  L153/MAJ
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L156(      2890)SEA FILE=MEDLINE ABB=ON  L155/MAJ
L157(       253)SEA FILE=MEDLINE ABB=ON  L156 AND L154
L158         17 SEA FILE=MEDLINE ABB=ON  REVIEW/DT AND L157


L214         22 (L139 OR L150 OR L158) NOT (L204 OR L208)
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Subheadings
DT - drug therapy
TU - therapeutic use
AD - administration & dosage
PK - pharmacokinetics
PD - pharmacology

previously printed

Searched by Barb O'Bryen STIC 308-4291

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=> fil embase; d que l186; d que l190; d que l197; d que l203; s (l186 or l190 or l197 or
l203) not (l205 or l209)
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L183(     12677)SEA FILE=EMBASE ABB=ON  BROMOCRIPTINE/CT
L184(      1664)SEA FILE=EMBASE ABB=ON  BIPERIDEN/CT
L185(      1965)SEA FILE=EMBASE ABB=ON  GILLES DE LA TOURETTE SYNDROME/CT
L186          1 SEA FILE=EMBASE ABB=ON  L183 AND L184 AND L185


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L188(      1664)SEA FILE=EMBASE ABB=ON  BIPERIDEN/CT
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L197          2 SEA FILE=EMBASE ABB=ON  L191/MAJ AND L192/MAJ AND L196 AND
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L198(     12677)SEA FILE=EMBASE ABB=ON  BROMOCRIPTINE/CT
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L202(       361)SEA FILE=EMBASE ABB=ON  L201/MAJ
L203          9 SEA FILE=EMBASE ABB=ON  L202 AND (L198 OR L199)


L215         18 (L186 OR L190 OR L197 OR L203) NOT (L205 OR L209)

=> fil capl; d que 139; d que 138; d que 137; s (139 or 138) not (114 or 1210)
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Searched by Barb O'Bryen STIC 308-4291

FILE COVERS 1907 - 17 Jan 2002 VOL 136 ISS 3
FILE LAST UPDATED: 16 Jan 2002 (20020116/ED)

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                 MESYLATE"/CN OR "BROMOCRIPTINE TARTRATE"/CN
L3             3 SEA FILE=REGISTRY ABB=ON  BIPERIDEN?/CN
L5          2512 SEA FILE=CAPLUS ABB=ON  L2
L6           258 SEA FILE=CAPLUS ABB=ON  L3
L7          9453 SEA FILE=CAPLUS ABB=ON  PARKINSON?/OBI
L8          2162 SEA FILE=CAPLUS ABB=ON  ANTIPARKINSON?/OBI
L35         3620 SEA FILE=CAPLUS ABB=ON  BROMOCR!PTIN# OR BROMOERGOCR!PTIN# OR
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L36          286 SEA FILE=CAPLUS ABB=ON  BIPERIDEN# OR AKINETON# OR AKINOPHYL
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L39            4 SEA FILE=CAPLUS ABB=ON  (L5 OR L35) AND (L6 OR L36) AND (L7 OR
                 L8)
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                 OR KL 373
L38            3 SEA FILE=CAPLUS ABB=ON  ((L5 OR L35) OR (L6 OR L36)) AND L9
                 AND (L7 OR L8)
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Searched by Barb O'Bryen STIC 308-4291

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L9            425 SEA FILE=CAPLUS ABB=ON  TOURETTE?
L35          3620 SEA FILE=CAPLUS ABB=ON  BROMOCR!PTIN# OR BROMOERGOCR!PTIN# OR
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previously printed

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L216            6 (L39 OR L38) NOT (L14 OR L210)

=> fil drugu; d que 173; d que 181; s (173 or 181) not (1206 or 1211); fil wpids;d que
1100; d que 1101; d que 1103; d que 1104
FILE 'DRUGU' ENTERED AT 17:19:47 ON 17 JAN 2002
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FILE LAST UPDATED: 11 JAN 2002      <20020111/UP>
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L52           187 SEA FILE=DRUGU ABB=ON  GILLES-DE-LA-TOURETTE-SYNDROME/CT
L71          3834 SEA FILE=DRUGU ABB=ON  BROMOCRIPTINE/CT
L72           755 SEA FILE=DRUGU ABB=ON  BIPERIDEN/CT
L73             6 SEA FILE=DRUGU ABB=ON  (L71 OR L72) AND L52


L49          3165 SEA FILE=DRUGU ABB=ON  PARKINSONISM/CT
L50          2799 SEA FILE=DRUGU ABB=ON  ANTIPARKINSONIAN/CT
L71          3834 SEA FILE=DRUGU ABB=ON  BROMOCRIPTINE/CT
L72           755 SEA FILE=DRUGU ABB=ON  BIPERIDEN/CT
L78            69 SEA FILE=DRUGU ABB=ON  L71(P)L72
L81            13 SEA FILE=DRUGU ABB=ON  ((L78(P)L49) AND L50) OR ((L78(P)L50)
                  AND L49)
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L217           19 (L73 OR L81) NOT (L206 OR L211)


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FILE LAST UPDATED: 14 JAN 2002              <20020114/UP>
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L84          108 SEA FILE=WPIDS ABB=ON  BROMOCR!PTIN# OR BROMOERGOCR!PTIN# OR
                 BROMERGOCR!PTIN# OR CB 154 OR SAN### 15 754
L99           18 SEA FILE=WPIDS ABB=ON  BI PERID!N# OR BIPERID!N#
L100           1 SEA FILE=WPIDS ABB=ON  L99 AND L84


L84          108 SEA FILE=WPIDS ABB=ON  BROMOCR!PTIN# OR BROMOERGOCR!PTIN# OR
                 BROMERGOCR!PTIN# OR CB 154 OR SAN### 15 754
L87          608 SEA FILE=WPIDS ABB=ON  TOURETTE?
L99           18 SEA FILE=WPIDS ABB=ON  BI PERID!N# OR BIPERID!N#
L101           2 SEA FILE=WPIDS ABB=ON  (L99 OR L84) AND L87


L86         6527 SEA FILE=WPIDS ABB=ON  ?PARKINSON?
L99           18 SEA FILE=WPIDS ABB=ON  BI PERID!N# OR BIPERID!N#
L103           6 SEA FILE=WPIDS ABB=ON  L86 AND L99


L84          108 SEA FILE=WPIDS ABB=ON  BROMOCR!PTIN# OR BROMOERGOCR!PTIN# OR
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L86         6527 SEA FILE=WPIDS ABB=ON  ?PARKINSON?
L104           9 SEA FILE=WPIDS ABB=ON  L86(10A)L84


=> s (l100 or l101 or l103 or l104) not (l115 or l212)
L218          15 (L100 OR L101 OR L103 OR L104) NOT (L115 OR L212)

=> dup rem l214,l216,l215,l217,l218
FILE 'MEDLINE' ENTERED AT 17:20:38 ON 17 JAN 2002

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PROCESSING COMPLETED FOR L215
PROCESSING COMPLETED FOR L217
PROCESSING COMPLETED FOR L218
L219          78 DUP REM L214 L216 L215 L217 L218 (2 DUPLICATES REMOVED)
                 ANSWERS '1-22' FROM FILE MEDLINE
                 ANSWERS '23-28' FROM FILE CAPLUS
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ANSWERS '29-46' FROM FILE EMBASE
ANSWERS '47-65' FROM FILE DRUGU
ANSWERS '66-78' FROM FILE WPIDS

=> d ibib ab hitrn 1-78; fil hom

L219 ANSWER 1 OF 78 MEDLINE
ACCESSION NUMBER: 2001381109 MEDLINE
DOCUMENT NUMBER: 20369021 PubMed ID: 10908539
TITLE: Pramipexole versus bromocriptine for levodopa-induced complications in Parkinson's disease.
AUTHOR: Clarke C E; Speller J M; Clarke J A
CORPORATE SOURCE: Department of Neurology, City Hospital NHS Trust, Dudley Road, Birmingham, West Midlands, UK,B18 7QH..
c.e.clarke@bham.ac.uk
SOURCE: Cochrane Database Syst Rev, (2000) (3) CD002259. Ref: 8
Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200107
ENTRY DATE: Entered STN: 20010709
Last Updated on STN: 20010709
Entered Medline: 20010705

AB OBJECTIVES: To compare the efficacy and safety of adjuvant pramipexole versus bromocriptine therapy in patients with Parkinson's disease, already established on levodopa and suffering from motor complications. SEARCH STRATEGY: Electronic searches of MEDLINE, EMBASE and the Cochrane Controlled Trials Register. Handsearching of the neurology literature as part of the Cochrane Movement Disorders Group's strategy. Examination of the reference lists of identified studies and other reviews. Contact with Pharmacia Upjohn and Boehringer Ingelheim. SELECTION CRITERIA: Randomised controlled trials of pramipexole versus bromocriptine in patients with a clinical diagnosis of idiopathic Parkinson's disease and long-term complications of levodopa therapy. DATA COLLECTION AND ANALYSIS: Data was abstracted independently by the authors and differences settled by discussion. The outcome measures used included Parkinson's disease rating scales, levodopa dosage, 'off' time measurements and the frequency of drop outs and adverse events. MAIN RESULTS: One randomised controlled trial has compared pramipexole with bromocriptine using a double-blind, parallel group, multicentre design. It was not powered to examine differences between active treatment arms. There was a larger reduction in off time with pramipexole therapy compared with bromocriptine (weighted mean difference 1.4 hours; 0, 2.8, 95% CI). No differences occurred in dyskinesia rating scale, dyskinesia as an adverse event or UPDRS complication score. The UPDRS ADL and motor scores showed similar improvements compared to placebo with both agonists. Levodopa dose reduction was similar with both agonists. Subscales of the Functional Status Questionnaire showed significant improvements compared to placebo with both agonists. The finding that the EuroQol improved significantly compared with placebo with pramipexole but not bromocriptine should be treated with caution. Dopaminergic adverse events were similar with each agonist, as was the all cause withdrawal rate. REVIEWER'S CONCLUSIONS: Although pramipexole and bromocriptine improved off time and reduced parkinsonian motor impairments and disability compared with placebo, no conclusions regarding their comparative effectiveness and safety can be drawn as this single trial did not have adequate power to assess such differences. Further larger trials are required to examine this issue in the future.

L219 ANSWER 2 OF 78 MEDLINE
ACCESSION NUMBER: 2001381108 MEDLINE
DOCUMENT NUMBER: 20369020 PubMed ID: 10908538
TITLE: Bromocriptine versus levodopa in early Parkinson's disease.
AUTHOR: Ramaker C; van Hilten J J
CORPORATE SOURCE: Department of Neurology, Leiden University Medical Center, P.O. Box 9600, Leiden, the Netherlands, 2300 RC.. jvhilten@neurology.azl.nl
SOURCE: Cochrane Database Syst Rev, (2000) (3) CD002258. Ref: 35
Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200107
ENTRY DATE: Entered STN: 20010709
Last Updated on STN: 20010709
Entered Medline: 20010705

AB BACKGROUND: Drugs that mimic dopamine as bromocriptine were introduced as monotherapy or in a combination with LD in the hope that this approach would prevent or delay the onset of motor complications in patients with Parkinson's disease (PD). However, hitherto, the role of bromocriptine (BR) in this issue has remained controversial. The present study is a systematic review of all randomized controlled trials of bromocriptine monotherapy compared with levodopa (LD) monotherapy in PD. OBJECTIVES: To assess the efficacy and safety of bromocriptine (BR) monotherapy for delaying the onset of motor complications associated with levodopa (LD) therapy in patients with Parkinson's disease (PD). SEARCH STRATEGY: Sources including the Cochrane Library, the search strategy of the Movement Disorders Group (includes computerised searches of MEDLINE and EMBASE and hand searching of appropriate neurology journals), reference lists of the reviews found by the MEDLINE and EMBASE search-strategy, Sandoz -now Novartis- (manufacturer of BR), symposia reports, PD handbooks, contacts with colleagues who had co-ordinated trials on BR and reference lists of all included studies were used to identify randomized controlled trials (RCTs) of interest. SELECTION CRITERIA: Randomized trials were eligible for inclusion if they evaluated the efficacy of BR monotherapy for delaying the onset of motor complications compared to LD therapy in PD patients. Outcome measures that were evaluated included occurrence and severity of motor complications, changes in impairment and disability, and the occurrence of side effects. DATA COLLECTION AND ANALYSIS: To determine the feasibility of a quantitative systematic review two independent reviewers evaluated the methodological quality of identified trials. MAIN RESULTS: Over the period of 1974 to January 1999 we identified six studies randomizing more than 850 patients to a BR or a LD regimen. The majority of the studies lacked sample size calculations and randomization procedure remained unclear in three trials. Only two trials were performed according to a double-blind design. Important differences between studies concerning the duration of trials, the BR titration phase, the achieved mean dose of LD or BR, and the applied outcomes were found. Because of these differences, we could not pool the data from the different trials in an attempt to perform a meta-analysis. Therefore, the available data of the individual trials was re-analysed. Subsequently, the results were interpreted against the background of the sources of heterogeneity between the studies. The occurrence of dyskinesias in three short trials was too low to allow any conclusion. The results of the longer trials indicate a lower occurrence of dyskinesias in the BR tier. In five trials that evaluated dystonia, this motor complication occurred less frequent in the BR tier. However, for both dyskinesias and dystonia a statistically significant difference in favour of BR emerged only in the largest trial. There was a trend for wearing-off

and on-off fluctuations to occur less frequently in the BR group. Although all trials evaluated patients at the impairment level, only the largest trial reported a significantly larger improvement for the LD tier during the first year of therapy. Concerning disability, which was evaluated by five trials no statistically significant differences were found. Overall, a statistically larger number of dropouts occurred in the BR group because of an inadequate therapeutic response or intolerable side effects. REVIEWER'S CONCLUSIONS: This systematic review identified important sources of heterogeneity between trials. Inadequate powering of the studies and clinically relevant differences in trial duration, applied outcomes, and trial design may explain the different results and why many findings failed to reach a statistically significant level. Nevertheless, based on qualitative review of available data we conclude that in the treatment of early Parkinson's disease, bromocriptine may be beneficial in delaying motor complications and dyskinesias with comparable effects on impairment and disability in those patients that tolerate the drug.

L219 ANSWER 3 OF 78 MEDLINE
ACCESSION NUMBER: 2001381075 MEDLINE
DOCUMENT NUMBER: 20368986 PubMed ID: 10908504
TITLE: Ropinirole versus bromocriptine for levodopa-induced complications in Parkinson's disease.
AUTHOR: Clarke C E; Deane K H
SOURCE: Cochrane Database Syst Rev, (2000) (3) CD001517. Ref: 10
Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200107
ENTRY DATE: Entered STN: 20010709
Last Updated on STN: 20010709
Entered Medline: 20010705

AB BACKGROUND: Long-term levodopa therapy for Parkinson's disease is complicated by the development of motor fluctuations and abnormal involuntary movements. One approach is to add a dopamine agonist at this stage of the disease to reduce the time the patient spends immobile or off and to reduce the dose of levodopa in the hope of reducing such problems in the future. OBJECTIVES: To compare the efficacy and safety of adjuvant ropinirole therapy with bromocriptine in patients with Parkinson's disease already established on levodopa therapy and suffering from motor complications. SEARCH STRATEGY: Electronic searches of MEDLINE, EMBASE and the Cochrane Controlled Trials Register. Handsearching of the neurology literature as part of the Cochrane Movement Disorders Group's strategy. Examination of the reference lists of identified studies and other reviews. Contact with SmithKline Beecham. SELECTION CRITERIA: Randomised controlled trials of ropinirole versus bromocriptine in patients with a clinical diagnosis of idiopathic Parkinson's disease and long-term complications of levodopa therapy. DATA COLLECTION AND ANALYSIS: Data was abstracted independently by the authors and differences settled by discussion. The outcome measures used included Parkinson's disease rating scales, levodopa dosage, 'off' time measurements and the frequency of withdrawals and adverse events. MAIN RESULTS: No significant differences between ropinirole and bromocriptine were found in off time reduction, dyskinesia as an adverse event, motor impairment and disability, or levodopa dose reduction. Withdrawal rates and adverse event frequency were similar with the two agents apart from significantly less nausea with ropinirole (odds ratio 0.50; 0.29, 0. 84 95% CI; p =0.01). REVIEWER'S CONCLUSIONS: Ropinirole is at least as good as bromocriptine in patients with Parkinson's disease with motor complications in terms of improving off time and reducing levodopa dose, without increasing adverse events

including dyskinesia. However, these comparitor studies may have been underpowered to detect clinically meaningful differences between the agonists. Further, much larger, phase IV studies are required to examine the efficacy, effectiveness, and safety of all of the dopamine agonists as adjuvant therapy in Parkinson's disease.

L219 ANSWER 4 OF 78 MEDLINE
ACCESSION NUMBER: 2000257881 MEDLINE
DOCUMENT NUMBER: 20257881 PubMed ID: 10796800
TITLE: Lisuride versus bromocriptine for levodopa-induced complications in Parkinson's disease.
AUTHOR: Clarke C E; Speller J M
CORPORATE SOURCE: Department of Neurology, City Hospital NHS Trust, Dudley Road, Birmingham, West Midlands, United Kingdom, B18 7QH.. c.e.clarke@bham.ac.uk
SOURCE: Cochrane Database Syst Rev, (2000) (2) CD001514. Ref: 1 Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200007
ENTRY DATE: Entered STN: 20000714
Last Updated on STN: 20000714
Entered Medline: 20000706

AB OBJECTIVES: To compare the efficacy and safety of adjunct lisuride therapy versus bromocriptine in patients with Parkinson's disease, already established on levodopa and suffering the long-term complications of therapy. SEARCH STRATEGY: Electronic searches of MEDLINE, EMBASE and the Cochrane Controlled Trials Register. Handsearching of the neurology literature as part of the Cochrane Movement Disorders Group's strategy. Examination of the reference lists of identified studies and other reviews. Contact with Cambridge Laboratories, Roche Products Limited and Sandoz Limited. SELECTION CRITERIA: Randomised controlled trials of lisuride versus bromocriptine in patients with a clinical diagnosis of idiopathic Parkinson's disease and long-term complications of levodopa therapy. DATA COLLECTION AND ANALYSIS: Data was abstracted independently by each author and differences settled by discussion. MAIN RESULTS: Only one randomised cross-over trial including 20 patients has compared lisuride with bromocriptine as adjunct therapy in Parkinson's disease. Both lisuride and bromocriptine improved motor fluctuations with no significant differences between the agonists. However, this conclusion is based on an unvalidated 4 point rating scale which could only record positive outcomes. This, combined with the small size of the trial, suggests that firm conclusions on motor fluctuations should not be drawn. Lisuride and bromocriptine produced similar benefits in parkinsonian impairments according to the Columbia Rating Scale. Adverse events were similar with the two agonists and no withdrawals were reported from either drug. REVIEWER'S CONCLUSIONS: The small size of this study and other methodological problems do not allow any firm conclusions to be drawn regarding the efficacy and safety of lisuride compared with bromocriptine in advanced Parkinson's disease with motor complications.

L219 ANSWER 5 OF 78 MEDLINE
ACCESSION NUMBER: 2000257835 MEDLINE
DOCUMENT NUMBER: 20257835 PubMed ID: 10796755
TITLE: Bromocriptine for levodopa-induced motor complications in Parkinson's disease.
AUTHOR: van Hilten J J; Ramaker C; Van de Beek W J; Finken M J
CORPORATE SOURCE: Department of Neurology, Leiden University Medical Center, P.O. Box 9600, Leiden, The Netherlands, 2300 RC..

jvhilten@neurology.azl.nl
SOURCE: Cochrane Database Syst Rev, (2000) (2) CD001203. Ref: 7
Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200007
ENTRY DATE: Entered STN: 20000714
Last Updated on STN: 20000714
Entered Medline: 20000706

AB OBJECTIVES: To assess the efficacy and safety of adjunct bromocriptine (BR) therapy compared to placebo in the treatment of Parkinson's disease (PD) patients with motor complications. SEARCH STRATEGY: Sources including the Cochrane Library, a MEDLINE search-strategy, reference lists of the reviews found by the MEDLINE search-strategy, Sandoz (producer of BR), symposia reports, PD handbooks, SCISEARCH, contacts with colleagues who had co-ordinated trials on BR and reference lists of all included studies were used to identify randomized controlled trials (RCTs) of interest. SELECTION CRITERIA: Randomized trials were eligible for inclusion if they evaluated the efficacy of BR as adjunctive to LD-therapy compared to placebo in PD patients with motor complications. Outcome measures that were evaluated, included occurrence and severity of motor complications, scores on impairment and disability, and the occurrence of side effects. DATA COLLECTION AND ANALYSIS: Three reviewers independently reviewed the quality of identified trials. To determine the feasibility of a quantitative systematic review each eligible study was evaluated concerning the methodological quality. MAIN RESULTS: This review identified important shortcomings regarding the methodological quality of eight trials. All studies failed to describe adequately their randomization procedure. Consultation with the trialists revealed that three trials adequately randomized their patients. Contrary to the information of the published report, one placebo-controlled trial appeared to be carried out as an open study and was therefore excluded. The remaining seven trials were reported to be carried out according to a double-blind design, although one was unblinded after five weeks. There was a conspicuous variability in the duration of trials: four to forty weeks (mean 14 weeks). None of the included trials was performed according to the intention-to-treat principle. With regard to the inclusion criteria, it frequently remained unclear if PD patients actually suffered from motor complications. Prominent differences between studies regarding the baseline characteristics and the rate by which BR was introduced during the titration phase were found. Major differences between studies emerged concerning the applied outcomes. The various methods used to evaluate the occurrence and/or severity of motor complications lacked a sound clinimetric basis. A great diversity of scales to evaluate impairment and disability was applied. None of the included trials reported whether scores on impairment and disability level referred to the "on"- or "off"-phase. REVIEWER'S CONCLUSIONS: This review highlights major methodological problems and sources of heterogeneity that not only hamper the comparability of trials but also preclude a conclusion on the efficacy of BR in the adjunct treatment of PD patients with motor complications.

L219 ANSWER 6 OF 78 MEDLINE
ACCESSION NUMBER: 2001027918 MEDLINE
DOCUMENT NUMBER: 20434177 PubMed ID: 10979549
TITLE: [Bromocriptine: uses until now and prospects of new therapeutic applications].
Bromokryptyna--dotychczasowe zastosowania i perspektywa nowych wskazan terapeutycznych.
AUTHOR: Gorska D

CORPORATE SOURCE: Zakladu Farmakodynamiki Katedry Farmakologii Akademii Medycznej w Lodzi.
SOURCE: NEUROLOGIA I NEUROCHIRURGIA POLSKA, (2000 May-Jun) 34 (3) 573-8. Ref: 20
Journal code: NYF. ISSN: 0028-3843.
PUB. COUNTRY: Poland
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Polish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200011
ENTRY DATE: Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20001116

AB Bromocriptine is applied for treatment of patients with hyperprolactinaemic disorders, Parkinson's disease and acromegaly. Sometimes, this drug can be useful as adjuvant in patients with prostate hypertrophy, cocaine and alcohol abuse, or neuroleptic malignant syndrome. Recently, bromocriptine was found to improve memory. In randomized trials bromocriptine demonstrated improvement of prefrontal cortex function in traumatic brain injury patients. These informations suggest a potential possibility of this drug to therapy for patients with prefrontal damage.

L219 ANSWER 7 OF 78 MEDLINE
ACCESSION NUMBER: 2000257785 MEDLINE
DOCUMENT NUMBER: 20257785 PubMed ID: 10796705
TITLE: Pergolide versus bromocriptine for levodopa-induced motor complications in Parkinson's disease.
AUTHOR: Clarke C E; Speller J M
CORPORATE SOURCE: Department of Neurology, City Hospital NHS Trust, Dudley Road, Birmingham, West Midlands, United Kingdom, B18 7QH.. c.e.clarke@bham.ac.uk
SOURCE: Cochrane Database Syst Rev, (2000) (2) CD000236. Ref: 4
Journal code: DJ9; 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200007
ENTRY DATE: Entered STN: 20000714
Last Updated on STN: 20000714
Entered Medline: 20000706

AB OBJECTIVES: To compare the efficacy and safety of adjunct pergolide therapy versus bromocriptine in patients with Parkinson's disease, already established on levodopa and suffering the long-term complications of therapy. SEARCH STRATEGY: Electronic searches of MEDLINE, EMBASE and the Cochrane Controlled Trials Register. Handsearching of the neurology literature as part of the Cochrane Movement Disorders Group's strategy. Examination of the reference lists of identified studies and other reviews. Contact with Eli Lilly Company and Sandoz Limited. SELECTION CRITERIA: Randomised controlled trials of pergolide versus bromocriptine in patients with a clinical diagnosis of idiopathic Parkinson's disease and long-term complications of levodopa therapy. DATA COLLECTION AND ANALYSIS: Data was abstracted independently by each author and differences settled by discussion. MAIN RESULTS: Three short-term trials fulfilled the inclusion criteria for the review. Pergolide was superior to bromocriptine regarding UPDRS and NYPDS motor and NYPDS ADL scores in two trials. More patients recorded a 'marked' or 'moderate improvement' in clinician's global impression score with pergolide than bromocriptine in two studies. Insufficient evidence on fluctuations and dyskinesia was available to draw

any conclusions. No significant differences between the agonists were seen in levodopa dose reduction, drop outs or adverse events. REVIEWER'S CONCLUSIONS: Although pergolide is superior to bromocriptine in reducing motor impairments and disability, no firm conclusions regarding levodopa-induced motor complications can be reached. Levodopa dose reduction, adverse events and withdrawals from treatment are similar for the two agonists. The small advantage of pergolide in efficacy does not take into account its additional cost compared with bromocriptine.

L219 ANSWER 8 OF 78 MEDLINE
ACCESSION NUMBER: 2000097708 MEDLINE
DOCUMENT NUMBER: 20097708 PubMed ID: 10634242
TITLE: The efficacy and safety of adjunct bromocriptine therapy for levodopa-induced motor complications: a systematic review.
AUTHOR: Ramaker C; van de Beek W J; Finken M J; van Hilten B J
CORPORATE SOURCE: Department of Neurology, Leiden University Medical Center, The Netherlands.
SOURCE: MOVEMENT DISORDERS, (2000 Jan) 15 (1) 56-64. Ref: 22
Journal code: NIA; 8610688. ISSN: 0885-3185.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200002
ENTRY DATE: Entered STN: 20000218
Last Updated on STN: 20000218
Entered Medline: 20000210

AB OBJECTIVES: To assess the efficacy and safety of adjunct bromocriptine (BR) compared with placebo in the treatment of patients with Parkinson's disease (PD) who have motor complications. DESIGN: A systematic review of the literature from 1966-1999 on randomized, controlled trials. Outcome measures were occurrence and severity of motor complications, scores on impairment and disability, and the occurrence of side effects. RESULTS: We included eight trials of which the methodologic quality of seven showed important shortcomings. All studies failed to adequately describe randomization procedures and seven studies failed to report sample size calculations. Only one trial was analyzed according to the intention-to-treat principle. It frequently remained unclear if patients with PD actually had motor complications. Differences between studies concerning the baseline characteristics, the BR titration phase, and the applied outcomes were found. The various methods used to evaluate the occurrence and/or severity of motor complications lacked a sound clinimetric basis. A great diversity of impairment and disability scales were applied. For those studies that reported the incidence of side effects, no clear pattern of BR-related side effects emerged. A trend was found for orthostatic hypotension, which more frequently resulted in withdrawal of patients in the BR group. CONCLUSIONS: Major methodologic problems and sources of heterogeneity not only hamper the comparability of trials, but also preclude a conclusion on the efficacy and safety of BR in the adjunct treatment of patients with PD who have motor complications.

L219 ANSWER 9 OF 78 MEDLINE
ACCESSION NUMBER: 1998007034 MEDLINE
DOCUMENT NUMBER: 98007034 PubMed ID: 9446045
TITLE: [Dopamine agonist in the treatment of Parkinson's disease]. Agonisci dopaminy w leczeniu choroby Parkinsona.
AUTHOR: Kuran W
CORPORATE SOURCE: I Kliniki Neurologicznej IPiN w Warszawie.
SOURCE: NEUROLOGIA I NEUROCHIRURGIA POLSKA, (1997 May-Jun) 31 (3) 545-54. Ref: 40

Searched by Barb O'Bryen STIC 308-4291

Journal code: NYF; 0101265. ISSN: 0028-3843.
PUB. COUNTRY: Poland
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Polish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199801
ENTRY DATE: Entered STN: 19980206
Last Updated on STN: 19980206
Entered Medline: 19980127

AB In the review paper is discussed the group of dopamine agonists which act directly on the postsynaptic receptors in the striatum, and have been used since over 20 years in the treatment of various stages of Parkinson's disease. For practical reasons they are divided in the paper into three groups: drugs used formerly and now gradually withdrawn mainly because of various adverse effects, new drugs whose effectiveness and usefulness have not yet been confirmed clinically, and three drugs (bromocriptine, lisuride, pergolide) used fairly widely with clinically confirmed effectiveness. The mechanism of their action and clinical results are described.

L219 ANSWER 10 OF 78 MEDLINE
ACCESSION NUMBER: 95368841 MEDLINE
DOCUMENT NUMBER: 95368841 PubMed ID: 7641388
TITLE: Dopamine agonists in the treatment of Parkinson's disease.
AUTHOR: Pahwa R; Koller W C
CORPORATE SOURCE: Department of Neurology, University of Kansas Medical Center, Kansas City 66160, USA.
SOURCE: CLEVELAND CLINIC JOURNAL OF MEDICINE, (1995 Jul-Aug) 62 (4) 212-7. Ref: 73
Journal code: DBN; 8703441. ISSN: 0891-1150.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199509
ENTRY DATE: Entered STN: 19950930
Last Updated on STN: 19950930
Entered Medline: 19950915

AB Bromocriptine or pergolide can be used as initial monotherapy in Parkinson's disease. When used as an adjuvant to levodopa therapy, these drugs can result in clinical improvement and a decreased levodopa requirement. To avoid side effects, the starting dosage should be low (1.25 mg per day of bromocriptine or 0.05 mg of pergolide) and should be increased slowly. The standard daily dose of bromocriptine ranges from 7.5 to 60 mg, and of pergolide, from 0.75 to 4 mg. Combination therapy with low dosages of levodopa and a dopamine agonist may also decrease the incidence of side effects of both agents.

L219 ANSWER 11 OF 78 MEDLINE
ACCESSION NUMBER: 95044891 MEDLINE
DOCUMENT NUMBER: 95044891 PubMed ID: 7956789
TITLE: [Bromocriptine-induced pleuropneumopathy]. Bromocriptin-induzierte Pleuropneumopathie.
AUTHOR: Schmid P A; Suter T; Speich R; Eberli F; Greminger P
CORPORATE SOURCE: Departement fur Innere Medizin, Universitat Zurich.
SOURCE: DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT, (1994 Nov 11) 119 (45) 1543-6.
Journal code: ECL; 0006723. ISSN: 0012-0472.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of

Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199412
ENTRY DATE: Entered STN: 19950110
Last Updated on STN: 19950110
Entered Medline: 19941227

AB A 64-year-old man was diagnosed to have Parkinson's disease when aged 42 years and since then has been treated with levodopa and benserazide (up to 875 mg daily). Bromocriptine (up to 35 mg daily) was added to the medication 9 years ago. 3 1/2 years ago he developed exertional dyspnoea (NYHA class II-III) and lost 5 kg in weight. Chest radiography demonstrated pleural effusion and interstitial pulmonary changes in both lung bases. Erythrocyte sedimentation rate was 37 mm in the first hour and the white cell count 10,400/microliters. Extensive tests failed to find malignant tumour or any infectious-inflammatory condition. As it was suspected that the pleuropulmonary changes were associated with the bromocriptine intake, it was discontinued and biperiden and selegiline substituted for it. The pleural effusion regressed almost completely within 8 weeks, and the laboratory tests pointing to inflammation disappeared completely. Clinical, biochemical and radiological tests have remained normal for the last 3 years. The clinical course makes a causal relationship between bromocriptine intake and the pleuropulmonary changes highly probable.

L219 ANSWER 12 OF 78 MEDLINE
ACCESSION NUMBER: 93341510 MEDLINE
DOCUMENT NUMBER: 93341510 PubMed ID: 8341289
TITLE: Early combination therapy with bromocriptine and levodopa in Parkinson's disease.
AUTHOR: Factor S A; Weiner W J
CORPORATE SOURCE: Department of Neurology, Albany Medical College, NY 12208.
SOURCE: MOVEMENT DISORDERS, (1993 Jul) 8 (3) 257-62. Ref: 42
Journal code: NIA; 8610688. ISSN: 0885-3185.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199309
ENTRY DATE: Entered STN: 19930917
Last Updated on STN: 19970203
Entered Medline: 19930902

AB The use of early combination therapy with bromocriptine (Br) and levodopa (LD) in Parkinson's disease is controversial. It has been suggested that treatment with this regimen would prevent or delay the onset of motor fluctuations and dyskinesia. Thus, some have recommended it as a standard of care. This recommendation is based on the theory that LD may accelerate the progression of PD and clinical experience using Br monotherapy in early Parkinson's disease, which suggested that Br causes fewer late complications. This article reviews these arguments and shows that the theories are unproven. A single, uncontrolled trial is often referred to as evidence for efficacy of early combination therapy. We critically review this and five other studies which have evaluated the treatment strategy. We show that the literature is often misleading and that these trials do not support the efficacy of early combination therapy. We conclude that there is no justifiable reason to use a combination of Br and LD in early parkinsonian patients.

L219 ANSWER 13 OF 78 MEDLINE
ACCESSION NUMBER: 89350563 MEDLINE
DOCUMENT NUMBER: 89350563 PubMed ID: 2764750

TITLE: [L-dopa, biperiden and sebum excretion in Parkinson disease].
L-dopa, biperideno e excrecao sebacea na doenca de Parkinson.
AUTHOR: Villares J C
CORPORATE SOURCE: Departamento de Psicobiologia, Escola Paulista de Medicina, Sao Paulo, Brasil.
SOURCE: ARQUIVOS DE NEURO-PSIQUIATRIA, (1989 Mar) 47 (1) 31-8.
Journal code: 8WY; 0125444. ISSN: 0004-282X.
PUB. COUNTRY: Brazil
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Portuguese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198909
ENTRY DATE: Entered STN: 19900309
Last Updated on STN: 19980206
Entered Medline: 19890918

AB Sebum secretion was measured on the forehead of 47 patients with Parkinson's disease before and after treatment with anticholinergic (biperiden), levodopa + AAID and bromocriptine, by the osmic acid technique. Another 100 patients under biperiden, levodopa + AAID or association of both, for at least one year, were also evaluated. The male parkinsonian "de novo" patients have shown greater sebum secretion than female patients. It was also concluded that biperiden failed to reduce sebum secretion rate. On the other hand, it was found that L-dopa + AAID reduces the sebum secretion (CL = casual level and SER = sebum excretion rate) on both male and female patients. Bromocriptine (10mg/day) was the second dopaminergic therapy employed in the present work. Similarly to L-dopa, this dopaminergic agonist was able to significantly reduce sebum secretion (both CL and SER) of male patients. There was a positive and significant correlation for the 50-59 years old male patients "de novo" between CL and tremor, hypokinesia, gait and posture or functional incapacity, before treatment. After a period of treatment correlation was no more found. In relation to parkinsonians under chronic treatment was found a positive and significant correlation between sebum secretion and hypokinesia. The level of sebum secretion on parkinsonian "de novo" patients before treatment was equal to parkinsonian patients under chronic treatment regardless the treatment, except for greater than or equal to 60 years old parkinsonians who have shown CL and SER higher than "de novo" parkinsonian patients with the same age but without treatment. The treatment with L-dopa + AAID significantly decreased both CL and SER of "de novo" parkinsonian patients.(ABSTRACT TRUNCATED AT 250 WORDS)

L219 ANSWER 14 OF 78 MEDLINE
ACCESSION NUMBER: 86017126 MEDLINE
DOCUMENT NUMBER: 86017126 PubMed ID: 3901046
TITLE: Bromocriptine in Parkinson disease.
AUTHOR: Lieberman A N; Goldstein M
SOURCE: PHARMACOLOGICAL REVIEWS, (1985 Jun) 37 (2) 217-27. Ref: 80
Journal code: P40; 0421737. ISSN: 0031-6997.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198511
ENTRY DATE: Entered STN: 19900321
Last Updated on STN: 19900321
Entered Medline: 19851120

AB Bromocriptine is an ergopeptine derivative and dopamine agonist that predominantly stimulates the striatal D2 non-adenyl cyclase-linked dopamine receptors. Bromocriptine, unlike other dopamine agonists, has mixed "agonist-antagonist" properties at these receptors. The striatal

dopamine receptors exist in two different affinity states: a low and a high affinity state. Bromocriptine, unlike other dopamine agonists, does not differentiate between the low and the high affinity state of the D2 receptors, and bromocriptine does not induce a conformational change in these receptors. Bromocriptine, in low doses, is effective in patients with mild to moderate Parkinson's disease, while bromocriptine in higher doses is needed in patients with advanced disease. Both in low doses and in high doses, bromocriptine combined with levodopa is usually more effective than bromocriptine alone. The efficacy of low dose (5-30 mg/day) and high dose (31-100 mg/day) bromocriptine alone and with levodopa was examined in 27 studies encompassing 790 patients. Forty-six % of the studies were done in a double blind manner. In four studies of 79 patients, low dose bromocriptine (16 mg/day) without levodopa resulted in improvement in 58% of the patients. Only 9% of the patients experienced adverse effects. Most of the patients (63%) and mild or moderate Parkinson disease. In seven studies of 143 patients, high dose bromocriptine (56 mg/day) without levodopa resulted in improvement in 62% of patients, but with 27% having adverse effects. Most of these patients (77%) had mild or moderate disease. Diurnal oscillations in performance, the "wearing off" or "on-off" effect, were not seen during treatment with bromocriptine alone. In nine studies of 201 patients, low dose bromocriptine (23 mg/day) and levodopa resulted in improvement in 71% of patients with 26% having adverse effects. Most of these patients (66%) had advanced disease, and many had diurnal oscillations in performance. In seven studies of 367 patients, high dose bromocriptine (48 mg/day) and levodopa resulted in improvement in 58% with 37% having adverse effects. Most of these patients (85%) had advanced disease. The increased effectiveness of bromocriptine in combination with levodopa may be explained as follows. Bromocriptine by itself does not discriminate between the low and the high affinity states of the dopamine receptors.(ABSTRACT TRUNCATED AT 400 WORDS)

L219 ANSWER 15 OF 78 MEDLINE
ACCESSION NUMBER: 85228054 MEDLINE
DOCUMENT NUMBER: 85228054 PubMed ID: 3891083
TITLE: The controversial role of bromocriptine in Parkinson's disease.
AUTHOR: Hardie R J; Lees A J; Stern G M
SOURCE: CLINICAL NEUROPHARMACOLOGY, (1985) 8 (2) 150-5. Ref: 29
Journal code: CNK; 7607910. ISSN: 0362-5664.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198508
ENTRY DATE: Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19850820

L219 ANSWER 16 OF 78 MEDLINE
ACCESSION NUMBER: 85228052 MEDLINE
DOCUMENT NUMBER: 85228052 PubMed ID: 3891082
TITLE: Long-term use of dopamine agonists in Parkinson's disease.
AUTHOR: Jankovic J
SOURCE: CLINICAL NEUROPHARMACOLOGY, (1985) 8 (2) 131-40. Ref: 51
Journal code: CNK; 7607910. ISSN: 0362-5664.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198508
ENTRY DATE: Entered STN: 19900320

Searched by Barb O'Bryen STIC 308-4291

Last Updated on STN: 19900320
Entered Medline: 19850820

L219 ANSWER 17 OF 78 MEDLINE
ACCESSION NUMBER: 84083123 MEDLINE
DOCUMENT NUMBER: 84083123 PubMed ID: 6653070
TITLE: [Use of biperiden in delayed-release form in the treatment of Parkinson's disease and parkinsonian syndromes of various etiologies. Clinical experiments].
Impiego del biperidene nella forma ritardo nel trattamento del morbo di Parkinson e delle sindromi parkinsoniane di diversa eziologia. Sperimentazione clinica.
AUTHOR: Puntoni U
SOURCE: CLINICA TERAPEUTICA, (1983 Oct 15) 107 (1) 37-44.
Journal code: DKN; 0372604. ISSN: 0009-9074.
PUB. COUNTRY: Italy
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Italian
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198402
ENTRY DATE: Entered STN: 19900319
Last Updated on STN: 20000303
Entered Medline: 19840224

L219 ANSWER 18 OF 78 MEDLINE
ACCESSION NUMBER: 79213211 MEDLINE
DOCUMENT NUMBER: 79213211 PubMed ID: 37066
TITLE: Bromocriptine in the treatment of parkinsonism.
AUTHOR: Parkes J D
SOURCE: DRUGS, (1979 May) 17 (5) 365-82. Ref: 60
Journal code: EC2; 7600076. ISSN: 0012-6667.
PUB. COUNTRY: Switzerland
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 197909
ENTRY DATE: Entered STN: 19900315
Last Updated on STN: 19970203
Entered Medline: 19790917

AB Bromocriptine alters the motor behaviour of animals and improves the motor defect of parkinsonism. Changes in movement are accompanied by biochemical changes in the central nervous system, consistent with the idea that bromocriptine has a dopamine agonist action in the basal ganglia and also in the mesolimbic system and hypothalamus. The overall anti-parkinsonian effect of bromocriptine is similar to that of l-dopa alone or with benserazide (a decarboxylase inhibitor) when optimum doses are used, although individual patients may respond better to 1 drug than to the other.

L219 ANSWER 19 OF 78 MEDLINE
ACCESSION NUMBER: 80017597 MEDLINE
DOCUMENT NUMBER: 80017597 PubMed ID: 39452
TITLE: Treatment of Parkinson's disease with dopamine agonists: a review.
AUTHOR: Lieberman A; Neophytides A; Kupersmith M; Casson I; Durso R; Foo S H; Khayali M; Tartaro T; Goldstein M
SOURCE: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, (1979 Jul-Aug) 278 (1) 65-76. Ref: 80
Journal code: 3L2; 0370506. ISSN: 0002-9629.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)

Searched by Barb O'Bryen STIC 308-4291

LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 197911
ENTRY DATE: Entered STN: 19900315
Last Updated on STN: 19950206
Entered Medline: 19791129

AB Bromocriptine and lergotrile were administered to 81 patients with Parkinson disease (PD) and increasing disability despite optimal treatment with levodopa (secondary levodopa failures). Sixty-six patients were treated with bromocriptine and 53 patients were treated with lergotrile. Both groups had significantly decreased rigidity, tremor, bradykinesia and gait disturbance upon addition of bromocriptine or lergotrile to levodopa. Twenty-five patients improved at least one-stage on bromocriptine, and 21 improved at least one-stage on lergotrile. The mean dose of bromocriptine was 47 mg, and the mean dose of lergotrile was 49 mg, permitting a 10% reduction in levodopa. Bromocriptine was discontinued in 29 of 66 patients because of adverse effects, including mental changes (14 patients) and involuntary movements (9 patients). Lergotrile was discontinued in 33 of 53 patients because of adverse effects including hepatotoxicity (11 patients) and mental changes (12 patients). The results of treatment with bromocriptine or lergotrile were comparable, with patients either responding or not. Bromocriptine will shortly be available for use in PD. Lergotrile, because of the hepatotoxicity, will not.

L219 ANSWER 20 OF 78 MEDLINE
ACCESSION NUMBER: 78166562 MEDLINE
DOCUMENT NUMBER: 78166562 PubMed ID: 348261
TITLE: Bromocriptine in Parkinsonism.
AUTHOR: Pearce I; Pearce J M
SOURCE: BRITISH MEDICAL JOURNAL, (1978 May 27) 1 (6124) 1402-4.
Ref: 18
Journal code: B4W; 0372673. ISSN: 0007-1447.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 197807
ENTRY DATE: Entered STN: 19900314
Last Updated on STN: 19900314
Entered Medline: 19780724

AB A review of the effects of using bromocriptine in Parkinson's disease showed that it rarely helps patients not primarily improved by levodopa. Patients who show late failure with levadopa and whose response to treatment is declining are helped by combining the two drugs. High cost and severe psychosis are the main disadvantages of bromocriptine, and, although it is not recommended for patients who are doing well on levodopa, it is the best available drug for hospital use in patients who show late failure with levodopa.

L219 ANSWER 21 OF 78 MEDLINE
ACCESSION NUMBER: 77199533 MEDLINE
DOCUMENT NUMBER: 77199533 PubMed ID: 869056
TITLE: The relationship between parkinsonism and tardive dyskinesia.
AUTHOR: Gerlach J
SOURCE: AMERICAN JOURNAL OF PSYCHIATRY, (1977 Jul) 134 (7) 781-4.
Journal code: 3VG; 0370512. ISSN: 0002-953X.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 197707

Searched by Barb O'Bryen STIC 308-4291

ENTRY DATE: Entered STN: 19900314
Last Updated on STN: 19900314
Entered Medline: 19770729

AB The author analyzes parkinsonism and hyperkinesia in psychiatric patients with tardive dyskinesia before and during treatment with alpha-methyl-p-tyrosine (AMPT, a dopamine antagonist), biperiden (an acetylcholine antagonist), and baclofen (a GABA agonist); and in patients with paralysis agitans and L-dopa-induced hyperkinesia. AMPT and baclofen had similar influences on oral dyskinesia, resulting in reduced frequency, unchanged or slightly reduced amplitude, and increased duration of each movement. The author concludes that: 1) reduced dopaminergic activity may be the primary pathogenetic background for tardive dyskinesia; 2) dopaminergic hypersensitivity and/or cholinergic hypofunction is necessary before hyperkinesia breaks through; and 3) the neurotoxic effects of neuroleptics may be associated with age-dependent changes in nigrostriatal regions representing oral innervation.

L219 ANSWER 22 OF 78 MEDLINE
ACCESSION NUMBER: 76135069 MEDLINE
DOCUMENT NUMBER: 76135069 PubMed ID: 1217975
TITLE: [Neuropsychological investigations on short-time effects of biperiden (Akineton) in Parkinson's Disease (author's transl)].
Neuropsychologische Untersuchungen zur Kurzzeitwirkung von Biperiden (Akineton) beim Parkinsonsyndrom.
AUTHOR: Schneider E; Jacobi P; Maxion H; Fischer P-A
SOURCE: ARCHIV FUR PSYCHIATRIE UND NERVENKRANKHEITEN, (1975 Dec 23) 221 (1) 15-28.
Journal code: 8DE; 1270313. ISSN: 0003-9373.
PUB. COUNTRY: GERMANY, WEST: Germany, Federal Republic of
(CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 197604
ENTRY DATE: Entered STN: 19900313
Last Updated on STN: 19980206
Entered Medline: 19760430

AB In 10 parkinsonian patients the short-time effects of biperiden after slow, intravenous application were investigated in comparison with a placebo group. Immediately after infusion the patients, who were examined at fixed intervals using standardized tests of psychomotor function, mood, and affect, showed a marked impairment os psychomotor function and reaction time, which in time did not exceed the placebo effects. Simultaneously there could be demonstrated an increasing affective stimulation with an acceleration of operating time and improvement of mood. These findings demonstrate- analogously to the intravenous application of L-Dopa-a psychotropic effect independent of the eventual antiakinetic properties of biperiden. The frequency of exogenous psychotic reactions in patients with marked psychoorganic alteration restricts the applicability of anticholinergic drugs in the treatment of an akinetic crisis.

L219 ANSWER 23 OF 78 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 1
ACCESSION NUMBER: 2001:338347 CAPLUS
DOCUMENT NUMBER: 134:348287
TITLE: Composition and method for decreasing neurologic symptomatology comprising phosphodiesterase inhibitor
INVENTOR(S): Swope, David M.
PATENT ASSIGNEE(S): USA
SOURCE: PCT Int. Appl., 15 pp.
CODEN: PIXXD2

Searched by Barb O'Bryen STIC 308-4291

DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001032170	A1	20010510	WO 2000-US40901	20000913

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 1999-153586 P 19990913

AB A method of decreasing the signs or symptomatol. in a patient with a neurol. condition or disease, or in a patient due to effects of exposure to an exogenous substance, such as a pharmaceutical agent, comprising selecting a patient having at least one sign or symptom selected from the group consisting of akinesia, bradykinesia, dyskinesias, gait disturbances, posture disturbances, rigid limbs, speech impairments and tremor and administering to the patient one or more than one EDs of a phosphodiesterase inhibitor. A compn. for decreasing the signs or symptomatol. in a patient with a neurol. condition or disease, or in a patient due to effects of exposure to an exogenous substance, such as a pharmaceutical agent, the compn. comprising an ED of one or more than one phosphodiesterase inhibitor combined with an ED of one or more than one addnl. pharmaceutical agent known to decrease signs or symptomatol. in a patient with a neurol. condition or disease. A 60 yr old male patient with Parkinson's disease who was taking 700 mg of levodopa/ day was initially treated with 50 mg of sildenafil/day. During the treatment, his dyskinesias were significantly reduced and his dose of sildenafil was decreased to 25 mg and his dose of levodopa was reduced to 300-400 mg/day.

IT **25614-03-3, Bromocriptine**
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(compn. and method for decreasing neurol. symptomatol. comprising phosphodiesterase inhibitor)

REFERENCE COUNT: 2
REFERENCE(S):
(1) Fuxe; US 3961060 A 1976 CAPLUS
(2) Iyo; US 5712282 A 1998 CAPLUS

L219 ANSWER 24 OF 78 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 2
ACCESSION NUMBER: 1992:433684 CAPLUS
DOCUMENT NUMBER: 117:33684
TITLE: Multilayered osmotic dosage form to deliver an anti-**Parkinson** agent
INVENTOR(S): Edgren, David Emil; Carpenter, Howard A.; Bhatti, Gurdish Kaur; Ayer, Atul Devdatt
PATENT ASSIGNEE(S): Alza Corp., USA
SOURCE: PCT Int. Appl., 34 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9116885	A1	19911114	WO 1991-US2995	19910501

W: AU, FI, JP, KR, NO
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, NL, SE

US	5190763	A	19930302	US 1990-520295	19900507
ZA	9103282	A	19920226	ZA 1991-3282	19910430
CA	2041579	AA	19911108	CA 1991-2041579	19910501
AU	9178543	A1	19911127	AU 1991-78543	19910501
AU	641770	B2	19930930		
EP	527835	A1	19930224	EP 1991-908910	19910501
EP	527835	B1	19941026		

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE

JP	05506858	T2	19931007	JP 1991-508898	19910501
JP	2634322	B2	19970723		
ES	2067231	T3	19950316	ES 1991-908910	19910501
US	5221536	A	19930622	US 1991-717293	19910617
US	5192550	A	19930309	US 1992-846097	19920305
NO	9204209	A	19921109	NO 1992-4209	19921102
US	6217905	B1	20010417	US 1993-36566	19930324

PRIORITY APPLN. INFO.: US 1990-520295 A 19900507
WO 1991-US2995 A 19910501
US 1991-717293 A2 19910617

AB A dosage form for administering to a patient in need of anti-Parkinson's disease therapy comprises (a) a wall (cellulose derivs.) that surrounds a compartment, (b) a compn. in the compartment comprising a dose amt. of anti-Parkinson drug (e.g. lisuride or **bromocriptine**-lisuride), (c) a compn. in the compartment comprising an osmopolymer (hydroxypropyl cellulose and/or hydroxypropyl Me cellulose), and (d) at least 1 exit passageway in the wall that connects the exterior with the interior of the dosage form for delivering the dispensable anti-Parkinson formulation to the patient. This dosage is manufd. as an osmotic device that can deliver an anti-Parkinson drug and concurrently eliminate the unwanted influence of the gastrointestinal environment of use and still provide controlled administration of the anti-Parkinson drug over time.

IT **514-65-8, Biperiden 1235-82-1,**
Biperiden hydrochloride **22260-51-1,**
Bromocriptine mesylate **25614-03-3, Bromocriptine**
RL: BIOL (Biological study)
(multilayered osmotic dosage forms contg., for **Parkinson** disease treatment)

L219 ANSWER 25 OF 78 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1998:753083 CAPLUS
DOCUMENT NUMBER: 130:119655
TITLE: Dopamine and dopaminergic drugs
AUTHOR(S): Bach-Rojecky, L.
CORPORATE SOURCE: Department of Pharmacology, Faculty of Pharmacy and Biochemistry, University of Zagreb, Zagreb, 10000, Croatia
SOURCE: Farm. Glas. (1998), 54(7-8), 243-258
CODEN: FAGLAI; ISSN: 0014-8202
PUBLISHER: Hrvatsko Farmaceutsko Drustvo
DOCUMENT TYPE: Journal; General Review
LANGUAGE: Croatian

AB A review with 11 refs. Appreciation of the role of dopamine in the brain, as a transmitter and as a precursor of noradrenaline, came in mid-1960s when a combination of neurochem. and neuropharmacol. led to many important discoveries about the role of central nervous system transmitters, and about ability of drugs to influence these systems. There are three main dopaminergic pathways in the CNS: nigrostriatal, mesolimbic and tuberoinfundibular. There are two main families of dopamine receptor, D1 and D2, linked, resp., to stimulation or inhibition of adenylate cyclase. These are further divided into subtypes. Most of the known functions of dopamine appear to be mediated by receptors of D2 family. Two main diseases are connected with dopamine and dopaminergic receptors:

schizophrenia and Parkinson's disease. Schizophrenia is a psychotic illness characterized by delusions, hallucinations and thought disorder, together with social withdrawal and often dementia. Pharmacol. evidence is generally consistent with dopamine overactivity hypothesis, but there is some evidence for involvement of serotoninergic system. Neuroleptics, also known as antipsychotic agents, are used in the symptomatic management of psychoses, including schizophrenia and mania. They are believed to owe their action to competitive antagonist properties at dopaminergic receptors in the brain. Some neuroleptics are also been employed in anesthetic procedures and in certain neuropsychiatric disorders. There are few main chem. categories of neuroleptic drugs: the so called, typical neuroleptics include the phenothiazines, the butyrophenones, and the thioxanthenes while, atypical neuroleptics include the benzamides and the dibenzodiazepines. Parkinson's disease is assocd. with a deficiency of nigrostriatal dopaminergic neurons. It is a progressive disorder of movement that occurs most commonly in the elderly, and the main symptoms are tremor, muscle rigidity and decreases in the frequency of voluntary movements. Drugs used in parkinsonism act by counteracting deficiency of dopamine in basal ganglia, like the drugs L-dopa, **bromocriptine**, selegiline, or by blocking muscarinic receptors, like the drug **biperiden**. Newer drugs act by blocking N-methyl-D-aspartate (NMDA) receptors for amino acids glutamate and aspartate. Both, antiparkinsonic drugs as well as neuroleptics cause many side effects that must be treated properly. For example, L-dopa may cause nausea, vomiting, hypotension and neuroleptics often cause, the so-called extrapyramidal symptoms which include parkinsonism and tardive dyskinesia. That is the reason why the investigation of new drugs with specific act and minimal side-effects is in permanent progress.

L219 ANSWER 26 OF 78 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1984:563239 CAPLUS
DOCUMENT NUMBER: 101:163239
TITLE: Effect of various neuroactive drugs on **bromocriptine** concentration in the striatum of rats
AUTHOR(S): Vardi, J.; Graff, E.; Oberman, Z.; Flechter, S.; Rabey, J. M.
CORPORATE SOURCE: Dep. Neurol., Ichilov Hosp., Tel Avia-Jaffa, 64239, Israel
SOURCE: Isr. J. Med. Sci. (1984), 20(5), 407-9
CODEN: IJMDAI; ISSN: 0021-2180
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The possibility of interference of drugs used in Parkinsonian patients with the availability of **bromocriptine** [**25614-03-3**] in the brain was investigated by measuring **bromocriptine** concns. in the striatum in rats. After a single injection, **bromocriptine** concn. in the striatum was 13.1 .+-. 2.9 ng/mg protein. Naloxone [465-65-6], an opiate receptor blocker, was found to produce the largest increase in **bromocriptine** content (21.7 ng/mg protein). Amantadine [768-94-5], diazepam [439-14-5], and haloperidol [52-86-8] produced the largest decreases (3.2, 3.3, and 4.4 ng/mg protein, resp.). Rats given L-dopa [59-92-7] also showed slightly lower levels of **bromocriptine**.
IT **514-65-8**
RL: BIOL (Biological study)
(**bromocriptine** accumulation in brain striatum response to)
IT **25614-03-3**
RL: BPR (Biological process); BIOL (Biological study); PROC (Process)
(metab. of, by brain striatum, neuroactive drugs effect on)

L219 ANSWER 27 OF 78 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1983:515990 CAPLUS

Searched by Barb O'Bryen STIC 308-4291

DOCUMENT NUMBER: 99:115990
TITLE: Drugs for **Parkinson**'s disease reduce tremor induced by physostigmine
AUTHOR(S): Gothoni, Patrick; Lehtinen, Markku; Fincke, Mika
CORPORATE SOURCE: Dep. Pharm., Univ. Helsinki, Helsinki, SF-00170/17, Finland
SOURCE: Naunyn-Schmiedeberg's Arch. Pharmacol. (1983), 323(3), 205-10
CODEN: NSAPCC; ISSN: 0028-1298
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The effects of anticholinergic and dopaminergic drugs used for Parkinson's disease were studied on the tremor induced by physostigmine salicylate (I salicylate) [57-64-7] (0.3-3.0 mg/kg) in rats. Atropine (II) [51-55-8] (0.3-1.2 mg/kg) and **biperiden** [**514-65-8**] (0.01-1.0 mg/kg) reduced the physostigmine-induced tremor in a dose-related manner and could abolish it. **Biperiden** was less potent than atropine. Methylatropine [31610-87-4] at 1.2 mg/kg slightly inhibited the tremor. Amantadine [768-94-5] (0.3-3.0 mg/kg) reduced the tremor but only to a certain degree. **Bromocriptine** methanesulfonate [**22260-51-1**] (0.1-10.0 mg/kg) reduced it in a manner that was not dose-related. Pimozide [2062-78-4] potentiated the tremor at 0.2 mg/kg but not in larger doses. At the onset of the tremor, a small decrease in rectal temp. occurred. The hypothermia lasted significantly longer than the tremor. Neither the anticholinergic nor the dopaminergic antiparkinson drugs altered the hypothermic effect of physostigmine. Antiparkinson drugs which act by increasing the dopaminergic activity can counteract the tremor induced by physostigmine. However, these drugs are clearly less active than the anticholinergic antiparkinson drugs.

IT **514-65-8 22260-51-1**
RL: BIOL (Biological study)
(tremor from physostigmine response to)

L219 ANSWER 28 OF 78 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1978:471077 CAPLUS
DOCUMENT NUMBER: 89:71077
TITLE: Effect of new dopamine-blocking agent (oxiperomide) on drug-induced dyskinesias in **Parkinson**'s disease and spontaneous dyskinesias
AUTHOR(S): Bedard, P.; Parkes, J. D.; Marsden, C. D.
CORPORATE SOURCE: Med. Sch., King's Coll. Hosp., London, Engl.
SOURCE: Br. Med. J. (1978), 1(6118), 954-6
CODEN: BMJOAE; ISSN: 0007-1447
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Oxiperomide (I) [5322-53-2] (5 and 10 mg daily), a dopamine receptor antagonist, decreased dyskinesias in Parkinson's disease patients receiving levodopa [59-92-7], Sinemet [57308-51-7], and **bromocriptine** [**25614-03-3**], without necessarily increasing Parkinsonian symptoms. Single doses of I (5 or 10 mg) decreased spontaneous dyskinesias by .gtoreq.40% in patients with Gilles de la **Tourette**'s syndrome and Huntington's chorea, and to a lesser extent in those with torsion dystonia, without necessarily causing Parkinsonism. The results suggest that more than one population of dopamine receptors exist in the extrapyramidal system, and encourage the search for selective dopamine antagonists.

IT **25614-03-3**
RL: BIOL (Biological study)
(oxiperomide inhibition of dyskinesias from, in **Parkinsonism**, dopamine receptors in relation to)

L219 ANSWER 29 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001217416 EMBASE

Searched by Barb O'Bryen STIC 308-4291

TITLE: Apomorphine and the dopamine hypothesis of schizophrenia: A dilemma?.
AUTHOR: Depatie L.; Lal S.
CORPORATE SOURCE: Dr. S. Lal, Douglas Hospital Research Centre, 6875 LaSalle Blvd., Verdun, Que. H4H IR3, Canada.
Samarthji.Lal@MUHC.McGill.Ca
SOURCE: Journal of Psychiatry and Neuroscience, (2001) 26/3 (203-220).
Refs: 150
ISSN: 1180-4882 CODEN: JPNEEF
COUNTRY: Canada
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English; French
AB The dopamine (DA) hypothesis of schizophrenia implicates an enhancement of DA function in the pathophysiology of the disorder, at least in the genesis of positive symptoms. Accordingly, apomorphine, a directly acting DA receptor agonist, should display psychotomimetic properties. A review of the literature shows little or no evidence that apomorphine, in doses that stimulate postsynaptic DA receptors, induces psychosis in nonschizophrenic subjects or a relapse or exacerbation of psychotic symptoms in patients with schizophrenia. After a detailed review of the literature reporting psychotogenic effects of apomorphine in patients with Parkinson's disease, an interpretation of these data is difficult, in part because of several confounding factors, such as the concomitant use of drugs known to induce psychosis and the advanced state of the progressive neurological disorder. In the context of the DA hypothesis of schizophrenia, the limited ability of apomorphine to induce psychosis, in contrast to indirectly acting DA agonists that increase synaptic DA, may be explained by the relatively weak affinity of apomorphine for the D(3) receptor compared with DA. Alternatively, enhancement of DA function, though necessary, may be insufficient by itself to induce psychosis.

L219 ANSWER 30 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001368285 EMBASE
TITLE: [Pharmacological treatment with risperidone in children with behavior disorders].
TRATAMIENTO FARMACOLOGICO CON RISPERIDONA EN NINOS CON TRASTORNOS EN EL COMPORTAMIENTO.
AUTHOR: Morant A.; Mulas F.; Hernandez S.; Rosello B.
CORPORATE SOURCE: Dr. A. Morant, Servicio de Neuropediatria, Hospital La Fe, Avda. de Campanar, 21, E-46009 Valencia, Spain.
med012418@nacom.es
SOURCE: Revista de Neurologia, (1 Aug 2001) 33/3 (201-208).
Refs: 33
ISSN: 0210-0010 CODEN: RVNRAA
COUNTRY: Spain
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Spanish
SUMMARY LANGUAGE: English; Spanish; Portuguese
AB Introduction. Behavior disorders are frequently seen in children attending a neuropaediatric clinic. The classical neuroleptic drugs are usually used or treatment. However response tends to be irregular with adverse effects at a cognitive level and extrapyramidal symptoms. Patients and methods. We started to use risperidone in children with serious behavior problems who had not responded to other drugs, and evaluated the clinical course and

side effects. Results. A total of 16 patients aged between 7 and 14 years were treated for diagnoses of: hyperactivity attention deficit disorder, mental retardation with non-specific behavior disorder, Gilles de la Tourette disorder with hyperactivity attention deficit disorder and generalized disorder of development. The doses of risperidone varied between 0.01 and 0.05 mg/kg/day. In two cases the evolution could not be assessed, was good in 10 and no change was seen in 4. The group of patients with most improvement were those with mental retardation. The commonest adverse effect was weight gain. No patient had extrapyramidal symptoms. Conclusion. We consider risperidone to be a safe drug for the pharmacological treatment of children with behavior problems.

L219 ANSWER 31 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001057947 EMBASE
TITLE: Decreased sleep quality and increased sleep related movements in patients with Tourette's syndrome.
AUTHOR: Cohrs S.; Rasch T.; Altmeyer S.; Kinkelbur J.; Kostanecka T.; Rothenberger A.; Ruther E.; Hajak G.
CORPORATE SOURCE: Dr. S. Cohrs, Dept. of Psychiatry/Psychotherapy, Von Sieboldstrasse 5, 37075 Goettingen, Germany. scohrs@gwdg.de
SOURCE: Journal of Neurology Neurosurgery and Psychiatry, (2001) 70/2 (192-197).
Refs: 36
ISSN: 0022-3050 CODEN: JNNPAU
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Objective - Sleep quality and movement patterns across sleep stages in patients with Tourette's syndrome were examined to determine the influence of syndrome severity on sleep quality and the differential effect of sleep stages on tic and non-tic movements. Methods - Twenty five patients with Tourette's syndrome (mean age 29 (SD 7) years) and 11 control subjects (29 (5) years) were studied by polysomnography and simultaneous split screen video monitoring to record standard sleep variables as well as to evaluate movements to differentiate between tics and regular movements. Severity of Tourette's syndrome during the day was assessed with the Tourette's syndrome severity scale. Results - Sleep was significantly more disturbed in patients with Tourette's syndrome than in controls, with decreased sleep efficiency and slow wave sleep percentage, increased sleep latency, percentage of stage I, percentage of awakeness, number of awakenings, and sleep stage changes and more overall movements during sleep. Severity of Tourette's syndrome during the day correlated significantly and positive with number of awakenings and sleep stage changes and negatively with sleep efficiency. In addition to an increased number of regular movements patients had tics in all sleep stages. Tic frequency as well as frequency of regular movements was significantly higher in REM than in non-REM sleep which was also the case for regular movements of the controls. No disturbance of either REM sleep percentage or REM latency was found. Conclusion - Despite normal total sleep time and unaltered REM sleep variables patients with Tourette's syndrome have markedly disturbed sleep. Severity of the syndrome during the day is an important predictor of sleep alteration in patients. The increased rate of tics during REM sleep parallels the overall increased movement activity of patients during REM as well as non-REM sleep. The increased motor activity may be attributable to a state of hyperarousal rather than a disturbed cholinergic system.

L219 ANSWER 32 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001101550 EMBASE
TITLE: Antipsychotic medications four children and adolescents.
AUTHOR: Gracious B.L.; Findling R.L.

Searched by Barb O'Bryen STIC 308-4291

CORPORATE SOURCE: Dr. B.L. Gracious, Div. of Child/Adolescent Psychiatry, Case W. Reserve Univ. Sch. of Med., University Hospitals and Clinics, 11100 Euclid Ave., Cleveland, OH 44106, United States
SOURCE: Pediatric Annals, (2001) 30/3 (138-145).
Refs: 26
ISSN: 0090-4481 CODEN: PDANBO
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 007 Pediatrics and Pediatric Surgery
023 Nuclear Medicine
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Despite significant side effects, antipsychotic meditations are useful for many pediatric patients with behavior or psychiatric disorders that are difficult to control. The authors review the history of the antipsychotics, their mechanisms of action, their possible uses, management of their potential side effects, and drug-interactions.

L219 ANSWER 33 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001295881 EMBASE
TITLE: Drugs for Parkinson's disease.
AUTHOR: Fung V.S.C.; Hely M.A.; De Moore G.; Morris J.G.L.
CORPORATE SOURCE: V.S.C. Fung, Department of Neurology, Westmead Hospital, Westmead, NSW, Australia
SOURCE: Australian Prescriber, (2001) 24/4 (92-95).
Refs: 2
ISSN: 0312-8008 CODEN: AUPRFZ
COUNTRY: Australia
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Levodopa is the most effective drug available for treating the motor symptoms of idiopathic Parkinson's disease. It is usually combined with a peripheral dopa decarboxylase inhibitor. Early treatment with dopamine agonists can reduce the risk of developing dyskinesia. Dopamine agonists and catechol-O-methyltransferase inhibitors can significantly reduce motor fluctuations. Amantadine reduces the severity of dyskinesia in some patients. No treatment has been proven to delay disease progression.

L219 ANSWER 34 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1999363329 EMBASE
TITLE: Dopamine receptors - Physiological understanding to therapeutic intervention potential.
AUTHOR: Emilien G.; Maloteaux J.-M.; Geurts M.; Hoogenberg K.; Cragg S.
CORPORATE SOURCE: G. Emilien, Laboratory of Pharmacology, Universite Catholique de Louvain, Clinique Universitaires Saint Luc, B-1200 Brussels, Belgium. gemilien@aol.com
SOURCE: Pharmacology and Therapeutics, (1999) 84/2 (133-156).
Refs: 256
ISSN: 0163-7258 CODEN: PHTHDT
PUBLISHER IDENT.: S 0163-7258(99)00029-7
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
002 Physiology

Searched by Barb O'Bryen STIC 308-4291

028 Urology and Nephrology
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
008 Neurology and Neurosurgery

LANGUAGE: English
SUMMARY LANGUAGE: English

AB There are two families of dopamine (DA) receptors, called D1 and D2, respectively. The D1 family consists of D1- and D5-receptor subtypes and the D2 family consists of D2-, D3-, and D4-receptor subtypes. The amino acid sequences of these receptors show that they all belong to a large superfamily of receptors with seven transmembrane domains, which are coupled to their intracellular signal transduction systems by G-proteins. The implications of DA receptors in neuropsychiatry and cardiovascular and renal diseases are discussed. Neuropsychiatry indications include Parkinson's disease, schizophrenia, migraine, drug dependence, mania and depression, and Gilles de la Tourette syndrome. The underlying dysfunction of dopaminergic systems and the potential benefits of dopaminergic therapy in these different indications are critically examined. With respect to the pharmacological treatment of Parkinson's disease, a range of DA agonists are in various stages of preclinical and clinical development. D2-receptor agonist activity is predominant in most effective antiparkinsonian DA agonists. However, in practice, it is difficult to treat patients for several years with DA agonists alone; therapeutic benefit is not sustained. Rather, the use of a combination of DA agonists and levodopa is considered preferable. Reports of the efficacy of DA partial agonists await confirmation, and recent clinical investigations also suggest the potential of D1 receptor agonists as antiparkinson drugs. Regarding migraine pathogenesis, clinical and pharmacological evidence suggests that DA is involved in this disorder. Most prodromal and accompanying symptoms may be related to dopaminergic activation. Several drugs acting on DA receptors are effective in migraine treatment. Furthermore, migraine patients show a higher incidence of dopaminergic symptoms following acute DA agonist administration, when compared with normal controls. In cardiology, the therapeutic benefits of DA agonists are noted in the treatment of heart failure. Low doses of DA are widely used for its specific dopaminergic effects on renal function, which are suggested to be beneficial, and for its .alpha.- and .beta.-adrenergic-mediated responses that occur with higher doses. However, studies have been unable to demonstrate that DA can prevent acute renal failure or reduce mortality. It appears that the significant progress that is being made in the molecular understanding of DA receptors will continue to have a tremendous impact in the pharmacological treatment of neuropsychiatric, cardiovascular, and renal diseases. Copyright (C) 1999 Elsevier Science Inc.

L219 ANSWER 35 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1999052676 EMBASE
TITLE: Use of atypical neuroleptics in child and adolescent psychiatry.
AUTHOR: Toren P.; Laor N.; Weizman A.
CORPORATE SOURCE: Dr. A. Weizman, Geha Psychiatric Hospital, P.O. Box 102, Petah Tiqva 49100, Israel
SOURCE: Journal of Clinical Psychiatry, (1998) 59/12 (644-656). Refs: 105
ISSN: 0160-6689 CODEN: JCLPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 007 Pediatrics and Pediatric Surgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles

Searched by Barb O'Bryen STIC 308-4291

LANGUAGE: English
SUMMARY LANGUAGE: English
AB Background: This article reviews the published clinical experience with atypical neuroleptics in children and adolescents. Method: A computerized literature search was conducted (MEDLINE, 1974-1998) to retrieve all reports on the use of atypical neuroleptics in children and adolescents. A hand search was performed as well. All relevant clinical data were collated by type of drug. Results: We found 5 blind placebo-controlled clinical trials (105 patients), 24 open-label clinical trials (387 patients), and 33 case series (115 patients) describing the use of the atypical neuroleptics clozapine, risperidone, olanzapine, sulpiride, tiapride, amisulpride, remoxipride, and clothiapine in children and adolescents. Some of these agents, especially clozapine, risperidone, and olanzapine, were found to be efficacious in the treatment of schizophrenia, bipolar disorders, and pervasive developmental disorders. The role of atypical neuroleptics as augmenters of serotonin reuptake inhibitors in obsessive-compulsive disorder is unclear. Risperidone appears to possess anti-tic properties in patients with Tourette's disorder. Conclusion: The most convincing evidence of the efficacy of atypical neuroleptics in children and adolescents concerns clozapine in the treatment of schizophrenia. Data on other atypical neuroleptics in other disorders are still sparse, and further research is needed. Some of the atypical neuroleptics may become the first-line treatment for childhood schizophrenia and pervasive developmental disorders.

L219 ANSWER 36 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1998031327 EMBASE
TITLE: Clozapine in Tourette's syndrome [4].
AUTHOR: Hoff P.; Schmider J.
CORPORATE SOURCE: Dr. J. Schmider, Institut Klinische Pharmakologie, Universitatsklinik Charite, Schumannstrasse 20/21, 10098 Berlin, Germany. schmider@rz.charite.hu-berlin.de
SOURCE: Journal of Clinical Psychopharmacology, (1998) 18/1 (88-89).
Refs: 9
ISSN: 0271-0749 CODEN: JCPYDR
COUNTRY: United States
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
LANGUAGE: English

L219 ANSWER 37 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1998320465 EMBASE
TITLE: An update on Parkinson's disease.
AUTHOR: Kimber T.E.; Brophy B.P.; Thompson P.D.
CORPORATE SOURCE: Dr. T.E. Kimber, Department of Medecine, Royal Adelaide Hospital, Adelaide, SA, Australia
SOURCE: Modern Medicine of Australia, (1998) 41/9 (22-32)..
Refs: 14
ISSN: 1030-3782 CODEN: MMAUB7
COUNTRY: Australia
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 006 Internal Medicine
008 Neurology and Neurosurgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Recent advances in understanding of the mechanisms of Parkinson's disease have given even sharper focus to management strategies. In this article, a

practical guide to diagnosis and medical management is presented, with reference to the rationale for current drug therapy. The problems encountered in long term management are discussed along with newer surgical approaches.

L219 ANSWER 38 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1998300718 EMBASE
TITLE: [Parkinson's disease today: Old and new drug therapies]. MORBUS PARKINSON HEUTE: LANG BEWAHRTE UND NEUE ARZNEITHERAPIEN.
AUTHOR: Fischer P.-A.
CORPORATE SOURCE: Prof. P.-A. Fischer, Im Vogelshaag 6, 65779 Kelkheim-Ruppertshain, Germany
SOURCE: Pharmazeutische Zeitung, (27 Aug 1998) 143/35 (11-15).
Refs: 5
ISSN: 0031-7136 CODEN: PZSED5
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
SUMMARY LANGUAGE: German

L219 ANSWER 39 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 95005877 EMBASE
DOCUMENT NUMBER: 1995005877
TITLE: Clozapine therapy for Parkinson's disease and other movement disorders.
AUTHOR: Pfeiffer C.; Wagner M.L.
CORPORATE SOURCE: Department of Pharmacy Practice, College of Pharmacy, State University of New Jersey, P.O. Box 789,Piscataway, NJ 08855, United States
SOURCE: American Journal of Hospital Pharmacy, (1994) 51/24 (3047-3053).
ISSN: 0002-9289 CODEN: AJHPA
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Recent research on the role of clozapine in the treatment of Parkinson's disease and other movement disorders is discussed. Most clinical trials have shown resolution of or improvement in psychotic symptoms accompanying Parkinson's disease without worsening of parkinsonian symptoms. Adverse effects appear to be mild at dosages of <100 mg/day; sedation is the most frequent problem. Most of these studies have serious limitations, however; until better studies have been completed, the decision to use clozapine for Parkinson's disease-related psychosis should be made on a case-by-case basis, with thorough evaluation of risks, benefits, and other therapeutic options. Some patients with Parkinson's disease have shown improvement in tremor and other abnormal movements when given clozapine. Clozapine cannot be recommended for treating tardive dyskinesia on the basis of the research done so far; some trials show dramatic resolution of symptoms, others no benefit. Anticholinergics or dopamine-reuptake inhibitors should be considered before clozapine is given to patients with tardive dyskinesia because of clozapine's potential for serious adverse effects. A few patients with Huntington's disease have responded to clozapine, but

again no conclusions can be drawn. Clozapine appears to offer no real advantage over haloperidol for treating choreiform movements in Huntington's disease. The frequency of tics in Tourette's syndrome does not seem to be reduced by clozapine. Clozapine has shown some efficacy as a treatment for psychosis and abnormal movements in Parkinson's disease. Results have been less promising for other movement disorders. Further study in larger populations is needed before any definitive conclusions about clozapine's place in movement disorder therapy can be made.

L219 ANSWER 40 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 94343057 EMBASE
DOCUMENT NUMBER: 1994343057
TITLE: The use of clozapine in neurologic disorders.
AUTHOR: Safferman A.Z.; Kane J.M.; Aronowitz J.S.; Gordon M.F.; Pollack S.; Lieberman J.A.
CORPORATE SOURCE: Pfizer, Inc., 235 East 42nd Street,New York, NY 10017, United States
SOURCE: Journal of Clinical Psychiatry, (1994) 55/9 SUPPL. B (98-101).
ISSN: 0160-6689 CODEN: JCLPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The advent of clozapine has marked a major advance in the treatment of schizophrenia because of its low incidence of extrapyramidal side effects and superior efficacy. Because of a relatively high incidence of agranulocytosis, approved indications for use are limited to treatment-refractory or neuroleptic-intolerant patients with schizophrenia. However, an emerging body of literature suggests that clozapine may be preferable to typical neuroleptics for treating psychosis in certain neurologic disorders. In addition, clozapine may have a place in the treatment of movement disorders that are caused by or are a result of the pharmacologic treatment of some neurologic illnesses. In general, clozapine doses used in these settings are lower than that for treating psychosis in schizophrenia. This article reviews the experience with clozapine in selected neurologic disorders.

L219 ANSWER 41 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 93116715 EMBASE
DOCUMENT NUMBER: 1993116715
TITLE: [Parkinsonism and Huntington's chorea - The pathobiochemistry and principles of the pharmacological therapy].
PARKINSON-SYNDROM UND CHOREA HUNGTINGTON. PATHOBIOCHEMIE UND PRINZIPIEN DER PHARMAKOTHERAPIE.
AUTHOR: Gerlach M.; Riederer P.
CORPORATE SOURCE: Klinische Neurochemie, Psychiatrische Universitatsklinik, Fuchsleinstrasse 15,W-8700 Wurzburg, Germany
SOURCE: TW Neurologie Psychiatrie, (1993) 7/3 (139-142+145-146).
ISSN: 0935-3224 CODEN: TWNPE3
COUNTRY: Germany
DOCUMENT TYPE: Journal; **General Review**
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
LANGUAGE: German
SUMMARY LANGUAGE: English; German
AB Dysfunction of the basal ganglia leads to the so-called extrapyramidal movement disorders. These disorders comprise a spectrum of abnormalities,

Searched by Barb O'Bryen STIC 308-4291

that range from the hypokinetic disorders (of which Parkinson's disease is the best-known example) at one extreme to the hyperkinetic disorders (exemplified by Huntington's disease and hemiballismus) at the other. Both extrenmes of this movement disorder spectrum can be accounted for by postulating specific disturbances within the basal ganglia-thalamocortical 'motor' circuit. In this paper the basic pathobiochemical findings are reviewed, which were obtained at autopsy from analyses of the brain from patients with Parkinson's and Huntington's disease. Special attention will be paid to clarifying the underlying pathophysiological mechanisms. In addition, the principles of the symptomatic pharmacological therapy and future causal therapeutic strategies will be described.

L219 ANSWER 42 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 93120613 EMBASE
DOCUMENT NUMBER: 1993120613
TITLE: Drugs for Parkinson's disease.
SOURCE: Medical Letter on Drugs and Therapeutics, (1993) 35/894 (i).
ISSN: 0025-732X CODEN: MELEAP
COUNTRY: United States
DOCUMENT TYPE: Journal; Note
FILE SEGMENT: 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

L219 ANSWER 43 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92145646 EMBASE
DOCUMENT NUMBER: 1992145646
TITLE: A case of tardive Tourette-like syndrome.
AUTHOR: Kuniyoshi M.; Inanaga K.; Arikawa K.; Maeda Y.; Nakamura J.; Uchimura N.
CORPORATE SOURCE: Chikusuikai Mental Hosp. and Clinic, Yoshida 1191,Yame City 834, Japan
SOURCE: Japanese Journal of Psychiatry and Neurology, (1992) 46/1 (67-70).
ISSN: 0912-2036 CODEN: JJPNEA
COUNTRY: Japan
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
032 Psychiatry
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB We have had experience in treating tardive Tourette-like syndrome on a chronic schizophrenic patient. The patient was a 38-year-old woman. A diagnosis of schizophrenia was made in 1971 and she received repeated medications for 17 years. In 1989, she began to show vocal tic with coprolalia and motor tic. The medications were haloperidol 18 mg, zotepine 200 mg, levomepromazine 100 mg, biperiden 3 mg and nitrazepam 10 mg at the beginning of Tourette-like syndrome. We have tried to change the medications but this tardive Tourette-like syndrome continued to hang on. However, the symptoms gradually improved after a change in durgs; cessation of biperiden 3 mg and the administration of clonazepam 3 mg. The present case suggested that tardive Tourette-like syndrome might be a subtype of neuroleptic-associated tardive syndromes which might be treated with clonazepam.

L219 ANSWER 44 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92096968 EMBASE
DOCUMENT NUMBER: 1992096968

Searched by Barb O'Bryen STIC 308-4291

TITLE: [The treatment of Parkinson's disease].
LA MALADIE DE PARKINSON ET SES TRAITEMENTS.
AUTHOR: Lapere M.-H.; Lemoine S.
SOURCE: Bulletin de la Societe de Pharmacie de Lille, (1991) 47/2-3 (i-116).
ISSN: 0366-3507 CODEN: BSPLA
COUNTRY: France
DOCUMENT TYPE: Journal; **General Review**
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: French

L219 ANSWER 45 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 90195573 EMBASE
DOCUMENT NUMBER: 1990195573
TITLE: Bromocriptine blood levels after the concomitant administration of levodopa, amantadine and biperiden in Parkinson's disease.
AUTHOR: Rabey J.M.; Oberman Z.; Scharf M.; Isakov M.; Bar M.; Graff E.
CORPORATE SOURCE: Department of Neurology, Ichilov Hospital, 6 Weizman Street,Tel-Aviv 64239, Israel
SOURCE: Acta Neurologica Scandinavica, (1990) 81/5 (411-415).
ISSN: 0001-6314 CODEN: ANRSAS
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB We recently demonstrated that when different drugs (mainly used for the treatment of Parkinson's disease) are adminstered in combination they interfere with the availability of bromocriptine in the brain of rats (striatum and hypothalamus). In the present study performed with parkinsonian patients, we measured plasma levels of bromocriptine (RIA) over 4 h after giving orally 5 mg bromocriptine alone; together with levodopa 250 mg plus 25 mg DCI (10 patients); with 100 mg amantadine HCl (5 patients) and with biperiden 5 mg (5 patients). Amantadine and biperiden did not interfere with the pharmacokinetics of bromocriptine. However, levodopa significantly diminished plasma levels (a mean increment of 1.78 mg .+-. 0.30 vs 0.92 .+-. 0.18 mg/ml). We postulate that levodopa may interfere with the metabolism of bromocriptine in the liver. Although we did not observe substantial clinical differences among the patients (Webster scale), this study supports our previous findings and suggests that one of the advantages of combined treatment may result from a modification of the plasma levels of bromocriptine by levodopa. A 'smoothing' of the plasma bromocriptine curve possibly avoids sudden oscillations of the drug availability and enables a more 'stable' penetrability of the medication into the central nervous system.

L219 ANSWER 46 OF 78 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 87074956 EMBASE
DOCUMENT NUMBER: 1987074956
TITLE: [Major tranquilizers in children].
LES NEUROLEPTIQUES CHEZ L'ENFANT.
AUTHOR: Dollfus S.; Petit M.; Duche D.J.
CORPORATE SOURCE: Service de Psychopathologie de l'Enfant et de l'Adolescent, Hopital de la Salpetriere, 75651 Paris Cedex 13, France
SOURCE: Neuropsychiatrie de l'Enfance et de l'Adolescence, (1987) 35/1 (9-18).
CODEN: NEADDF

COUNTRY: France
DOCUMENT TYPE: Journal
FILE SEGMENT: 038 Adverse Reactions Titles
037 Drug Literature Index
032 Psychiatry
007 Pediatrics and Pediatric Surgery
030 Pharmacology
052 Toxicology
LANGUAGE: French
SUMMARY LANGUAGE: English; German

L219 ANSWER 47 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-37240 DRUGU T S
TITLE: A longitudinal study of the effects of an L-dopa drug holiday on the course of Parkinson's disease.
AUTHOR: Corona T; Rivera C; Otero E; Stopp L
LOCATION: Mexico City, Mex.
SOURCE: Clin.Neuropharmacol. (18, No. 4, 325-32, 1995) 1 Tab. 18 Ref.
CODEN: CLNEDB ISSN: 0722-5091
AVAIL. OF DOC.: Subdireccion General de Ensenanza, Instituto Nacional de Neurologia y Neurocirugia, Insurgentes Sur 3877, Colonia La Fama, Delegacion Thalpan, Mexico, D.F., CP14269, Mexico.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB After temporary L-dopa withdrawal, reintroduction of L-dopa at a reduced dose was effective in inducing marked symptomatic improvement during chronic high-dose L-dopa therapy in 15 patients with parkinsonism. Prior to the drug holiday, patients were manifesting L-dopa-induced symptoms of severe dyskinesias, dystonia and the on-off and wearing off phenomena. The only other drug reintroduced slowly after the drug holiday was bromocriptine. Additional treatment included amitriptyline, trihexyphenydyl and biperiden.

L219 ANSWER 48 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1994-43912 DRUGU T S
TITLE: Treatment of acute neuroleptic-induced movement disorders.
AUTHOR: Tonda M E; Guthrie S K
CORPORATE SOURCE: Univ.Michigan
LOCATION: Ann Arbor, Michigan, United States
SOURCE: Pharmacotherapy (14, No. 5, 543-60, 1994) 4 Tab. 131 Ref.
CODEN: PHPYDQ ISSN: 0277-0008
AVAIL. OF DOC.: University of Michigan College of Pharmacy, Ann Arbor, MI 48109-1065, U.S.A. (S.K.G.).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The treatment of acute extrapyramidal syndromes (EPS), including dystonia, parkinsonism and akathisia, caused by neuroleptic drugs is reviewed. The pathophysiology and clinical manifestations of EPS, and treatment with anticholinergics (benzatropine, trihexyphenidyl, diphenhydramine, biperiden and procyclidine), dopaminergics (amantadine), benzodiazepines (BDZ; lorazepam, diazepam and clonazepam), beta-blockers (propranolol and metoprolol), clonidine and sodium valproate, and prophylaxis of EPS is discussed.

L219 ANSWER 49 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1994-13990 DRUGU T S
TITLE: A Trial of Carbamazepine in the Gilles de la Tourette Syndrome.
AUTHOR: Le Heuzey M F; Gerard C L; Dugas M

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LOCATION: Paris, France
SOURCE: Sem.Hop. (70, No. 5-6, 176-79, 1994) 3 Tab. 14 Ref.
CODEN: SHPAAI ISSN: 0037-1777
AVAIL. OF DOC.: Service de Psychopatholgie de l'Enfant et de l'Adolescent, Hopital Robert-Debre, 48, bd Serurier, 75019 Paris, France.
LANGUAGE: French
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

AB P.o. carbamazepine (CA) in different doses produced varied responses in the treatment of 9 patients with Gilles de la Tourette syndrome inadequately controlled with standard drugs (haloperidol, amitriptyline, clonazepam, tropatepine, pimozide, clonidine, propericiazine, bromocriptine, diazepam, bromazepam, flupentixol, sulpiride, thioproperazine and lorazepam). At the highest doses, CA induced a rapid symptomatic deterioration and the onset of anxiety, insomnia and irritability necessitating a change in treatment (to haloperidol in 1 case). A patient receiving a lower dose of CA complained of diurnal somnolence and nightmares. Treatment was stopped in another patient, due to onset of an infection with fever and lymphopenia. In view of the variety of responses, no conclusions on the efficacy of CA in this indication can be drawn.

L219 ANSWER 50 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1995-02813 DRUGU T S
TITLE: The use of clozapine in neurologic disorders.
AUTHOR: Safferman A Z; Kane J M; Aronowitz J S; Gordon M F; Pollack S; Lieberman J A
CORPORATE SOURCE: Univ.St.Johns; Long-Island-Jewish-Med.Cent.
LOCATION: New York, N.Y., USA
SOURCE: J.Clin.Psychiatry (55, Suppl. B, 98-101, 1994) 2 Fig. 1 Tab. 48 Ref.
CODEN: JCLPDE ISSN: 0160-6689
AVAIL. OF DOC.: Pfizer Inc., 235 East 42nd Street, New York, NY 10017, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

AB The use of clozapine (CP) in the treatment of psychosis and movement disorders in patients with selected neurologic disorders is reviewed including Parkinson's disease, Huntington's disease and Gilles de la Tourette's syndrome. Although there have been no controlled studies with CP for the treatment of psychosis and movement disorders in neurologic disease, results from case reports and open uncontrolled studies are encouraging. (conference paper).

L219 ANSWER 51 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1993-29795 DRUGU T S
TITLE: Long-Term Results of Continuous s.c. Apomorphine-Pump Therapy in Patients with Advanced Parkinson's Disease.
AUTHOR: Kreczy Kleedorfer B; Wagner M; Boesch S; Poewe W
LOCATION: Innsbruck, Austria; Berlin, Germany,West
SOURCE: Nervenarzt (64, No. 4, 221-25, 1993) 1 Fig. 4 Tab. 23 Ref.
CODEN: NERVAF ISSN: 0028-2804
AVAIL. OF DOC.: Universitaetsklinik fuer Neurologie, Anichstrasse 35, A-6020 Innsbruck, Austria.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

AB Continuous s.c. infusion of apomorphine for 8-43 mth substantially decreased both the dose of L-Dopa required and the number of "off" hr per day in a clinical trial of 18 patients with advanced Parkinson's disease

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refractory to treatments including L-Dopa and s.c. lisuride.Some patients were receiving additional bromocriptine (4 cases), lisuride (1), Deprenyl (selegiline) (1) or biperiden (1). Side-effects of apomorphine (severe skin reactions, eosinophilia, fatigue, increased appetite, increased libido, hallucinations, agitation and immunohemolytic anemia) each occurred in 2-5 patients and apomorphine treatment was stopped because of side effects, compliance problems or lack of effect in 8 cases.

L219 ANSWER 52 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1992-48903 DRUGU T S
TITLE: Exacerbation of Tics Following Antidepressant Therapy in a Case of Gilles-de-la-Tourette Syndrome.
AUTHOR: Mueller N
LOCATION: Munich, Germany,West
SOURCE: Pharmacopsychiatry (25, No. 5, 243-44, 1992) 6 Ref.
CODEN: PHRMEZ ISSN: 0176-3679
AVAIL. OF DOC.: Psychiatrische Klinik der Universitaet, Nussbaumstrasse 7, D-8000 Muenchen 2, Germany.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB It is reported in a letter that a case of tic exacerbation occurred in a pregnant women with depressive symptoms associated with Gilles de la Tourette syndrome (GTS) who received i.v. clomipramine and nortriptyline. The antidepressants also caused anticholinergic symptoms. Administration of fluvoxamine for the depression caused agitation, delirium, hallucinations and anxiousness. The delirium remitted after withdrawal of fluvoxamine and administration of pimozide. The depression was subsequently treated successfully with tranylcypromine. Concomitant medication for the GTS included tiapride, haloperidol and clonazepam; the side-effects of haloperidol were treated with biperiden and this also caused exacerbation of tics and mutilations.

L219 ANSWER 53 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1991-33746 DRUGU T P S
TITLE: The Role of Pimozide in Clinical Psychiatry: A Review.
AUTHOR: Opler L A; Feinberg S S
LOCATION: New York, New York, United States
SOURCE: J.Clin.Psychiatry (52, No. 5, 221-33, 1991) 5 Tab. 141 Ref.
CODEN: JCLPDE ISSN: 0160-6689
AVAIL. OF DOC.: Neurological Institute (Room 617), 710 West 168th Street, New York, NY 10032, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The role of pimozide (PM) in clinical psychiatry is reviewed including the treatment of Gilles de la Tourette's syndrome, schizophrenia, hypochondrical psychosis, obsessive compulsive disorder and delusional jealousy. Possible mechanisms of action of PM are discussed. The effects of PM in postherpetic and trigeminal neuralgia may involve opiate receptors. Side-effects of PM are detailed.

L219 ANSWER 54 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1989-41882 DRUGU T S
TITLE: Parkinson Syndrome. Part II: Recent Developments in Research Diagnosis and Therapy.
AUTHOR: Oertel W H; Gnahn H; Struppler A
LOCATION: Munich, Germany,West
SOURCE: Med.Klin. (84, No. 6, 307-13, 1989) 1 Tab. 83 Ref.
CODEN: MEKLA7 ISSN: 0723-5003
AVAIL. OF DOC.: Neurologische Klinik und Poliklinik, Klinkium Grosshadern der

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Universitat, Marchioninstrasse 15, D-8000 Muenchen 70, West Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Recent progress in research, diagnosis and therapy of Parkinson's disease is reviewed with reference to therapeutic effects of L-Dopa, dopamine antagonists, inhibitors of dopamine decarboxylase (DI), inhibitors of MAO-B, amantadine and anticholinergics (AC). Anesthesia in patients receiving antiParkinsonian medication is also reviewed.

L219 ANSWER 55 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1989-30541 DRUGU T
TITLE: Therapeutic Experience with a 'Slow-Release' Preparation of L-Dopa (Madopar 'HBS') in Patients with Advanced Parkinson's Disease.
AUTHOR: Poewe W; Kleedorfer B; Gerstenbrand F
LOCATION: Innsbruck, Austria
SOURCE: Nervenarzt (60, No. 5, 294-98, 1989) 1 Fig. 4 Tab. 25 Ref.
CODEN: NERVAF ISSN: 0028-2804
AVAIL. OF DOC.: Universitatsklinik fuer Neurologie Anichstrasse 35, A-6020 Innsbruck, Austria.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB When 15 patients with advanced parkinsonism showing ''on-off'' phases on chronic conventional L-dopa (CD) with additional bromocriptine (n = 3), procyclidine (2) biperiden, trihexyphenidyl or lisuride (each 1), were switched to a slow release form (Madopar HBS, L-dopa + benserazide), 12 initially showed a positive response, with fewer 'off' and more 'on' periods/day. However the required daily dose of L-dopa was 65% higher than with CD, additional doses of Madopar were necessary and dosage interval was not significantly increased. Peak dose dyskinesias increased under Madopar, whereas 'off'-period dystonia and biphasic dyskinesias decreased. A return to CD was subsequently necessary in 3 initial responders, but after a mean 217 days, 9/12 were stable on Madopar.

L219 ANSWER 56 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1988-35679 DRUGU T P S
TITLE: Achievements and Limits of Pharmacotherapy in Parkinson's Disease.
AUTHOR: Ziegler A
LOCATION: Kiel, Germany,West
SOURCE: Pharm.Ztg. (133, No. 25, 9-15, 18, 1988) 6 Fig. 30 Ref.
CODEN: PHZIAP ISSN: 0031-7136
AVAIL. OF DOC.: Abt. Pharmakologie im Klinikum der Universitaet Kiel, Hospitalstr. 4-6, 2300 Kiel, W. Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The drug treatment of Parkinson's disease is reviewed with reference to centrally acting cholinolytics, levodopa, dopa decarboxylase inhibitors, MAO B inhibitors, dopamine agonists, amantadine, tricyclic antidepressants and current research.

L219 ANSWER 57 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1987-24063 DRUGU T S
TITLE: Drugs Affecting Movement Disorders.
AUTHOR: Campanella G; Roy M; Barbeau A

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LOCATION: Montreal, Quebec, Canada
SOURCE: Annu.Rev.Pharmacol.Toxicol. (27, 113-36, 1987) 169 Ref.
CODEN: ARPTDI ISSN: 0362-1642
AVAIL. OF DOC.: Department of Neurobiology, Clinical Research Institute of Montreal, Montreal, Quebec, Canada H2W 1R7.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Drugs affecting movement disorders are reviewed. The treatment of Parkinson's disease (PD) with levodopa is discussed, and problems of long term use and sudden withdrawal of levodopa are mentioned. The use of anticholinergic and antihistamine drugs, amantidine, bromocriptine and other drugs in PD is also described. The treatment of dystonic syndromes, Huntington's disease, Gilles de la Tourette syndrome and Wilson's disease is also discussed.

L219 ANSWER 58 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1987-07671 DRUGU T
TITLE: L-Threo-3,4- Dihydroxyphenylserine Treatment of Parkinson's Disease.
AUTHOR: Ogawa N; Yamamoto M; Takayama H
LOCATION: Okayama, Takamatsu, Japan
SOURCE: J.Med. (16, No. 5-6, 525-34, 1986) 2 Fig. 1 Tab. 18 Ref.
CODEN: JNMDBO ISSN: 0025-7850
AVAIL. OF DOC.: Institute for Neurobiology, Okayama University Medical School, 2-5-1 Shikatacho, Okayama 700, Japan.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB L-Threo-3,4- dihydroxyphenylserine (L-threo-DOPS; Sumitomo) p.o. incombination with L-DOPA-decarboxylase inhibitors (DCI) benserazide or carbidopa elicited significant improvement particulary in frozen gait and dysarthria symptoms of Parkinson's diseae (PD) in 10 patients unresponsive to L-DOPA. Concurrent medication included trihexyphenidyl (TP), amantadine (AD), bromocriptine (BC) or biperiden (BP). There was no adverse effect on hematological or blood chemical parameters. Studies on type and dose of DCI to combine with L-threo-DOPS are recommended.

L219 ANSWER 59 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1985-34284 DRUGU T S
TITLE: Pharmacotherapy of Idiopathic Parkinson's Disease: Current Concepts.
AUTHOR: Kuehner F
LOCATION: Toronto, Ontario, Canada
SOURCE: Can.Pharm.J. (118, No. 6, 268-70, 1985) 2 Tab. 10 Ref.
CODEN: CPJOAC ISSN: 0828-6914
AVAIL. OF DOC.: Dept. of Pharmacy, Sunnybrook Med. Center, Toronto, Ontario, Canada.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Current concepts in pharmacotherapy of idiopathic Parkinson disease(PD) are discussed with special reference both to etiology and therapeutic strategy and to clinical efficacy and toxicity of anticholinergic agents (initially natural, e.g. scopolamine, atropine, strammonium; latterly synthetic, e.g. benztropine mesylate, biperiden-HCl, procyclidine-HCl, trihexyphenidyl-HCl; antihistamines: diphenhydramine, orphenadrine), amantadine levodopa (often in combination with benserazide or carbidopa) and dopamine agonists (bromocriptine). Other drugs affording synptomatic relief in PD include nomifensine, seleginine, baclofen, lisuride and

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pergolide. (congress).

L219 ANSWER 60 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1984-42745 DRUGU T
TITLE: Parkinsonism.
AUTHOR: Stolyarova L G; Kadyikov A S
LOCATION: Moscow, Russia
SOURCE: Klin.Med.(Moscow) (62, No. 5, 115-20, 1984)
CODEN: KLMIAZ ISSN: 0023-2149
LANGUAGE: Russian
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Symptoms and possible pathogenesis of parkinsonism are reviewed, together with treatments using preparations classified as cholinolytics, L-DOPA and L-DOPA-containing preparations, amantadines and dopamine agonists.

L219 ANSWER 61 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1984-35587 DRUGU T
TITLE: Diagnosis and Management of Parkinson's Disease.
AUTHOR: Newman R P; Calne D B
LOCATION: Buffalo, New York, Vancouver, British Columbia, United States
SOURCE: Geriatrics ((39, No. 5, 87-91,94-96, 1984) 1 Tab. 9 Ref.
CODEN: GERIAZ ISSN: 0016-867X
AVAIL. OF DOC.: Dent Neurologic Institute, 3 Gates Circle, Buffalo, NY 14209, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The clinical features, differential diagnosis and treatment of Parkinsons disease in geriatrics are reviewed.

L219 ANSWER 62 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1984-22987 DRUGU T
TITLE: Advances in and Limitations of Antiparkinson Treatment.
AUTHOR: Schnaberth G
LOCATION: Austria
SOURCE: Wien.Klin.Wochenschr. (96, No. 2, 81, 1984)
CODEN: WKWOAO ISSN: 0043-5325
AVAIL. OF DOC.: No Reprint Address.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The treatment of Parkinson's disease and its limitations is outlined. The akinetic-rigid syndrome is treated with combinations of l-dopa and dearboxylase inhibitors (e.g. Madopar) followed, after a reduction in the response to l-dopa, by addition of predominantly dopaminergic therapy with presynaptic (amantadine, imipramine, nomifensine) and postsynaptic (bromocriptine) activity. Synthetic anticholinergics (biperiden or procyclidine) slightly reduce resting tremor. Limitations of treatment are imposed by the progressive degenerative nature of the disease, the high rate of side effects of drugs and the interaction of l-dopa with other drugs (e.g. reserpine, Presinol, neuroleptics).

L219 ANSWER 63 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1984-40645 DRUGU T
TITLE: Movement Disorders in the Elderly.
AUTHOR: Gilmore R
LOCATION: Lexington, Kentucky, United States
SOURCE: Geriatrics (39, No. 6, 65-68, 72-76, 1984) 5 Tab. 15 Ref.
CODEN: GERIAZ ISSN: 0016-867X

Searched by Barb O'Bryen STIC 308-4291

AVAIL. OF DOC.: Dept. of Neurology, University of Kentucky Medical Center, 800 Rose Street, Lexington, KY 40531, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB A review is made of movement disorders in the elderly, including the various forms of treatment available.

L219 ANSWER 64 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1984-00543 DRUGU T
TITLE: Therapeutic Concept in Parkinson's Disease.
AUTHOR: Joerg J
LOCATION: Essen, Germany,West
SOURCE: Dtsch.Med.Wochenschr. (108, No. 28-29, 1116-22, 1983) 3 Tab. 19 Ref.
CODEN: DMWOAX ISSN: 0012-0472
AVAIL. OF DOC.: Neurologische Universitaetsklinik 4300 Essen 1, Hufelandstr. 55, Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The drug therapy of Parkinson's disease is reviewed, with reference to the use of anticholinergic agents, (pridinol (Parks), biperiden (Akineton), trihexyphenidyl (Artane)), levodopa preparations with or without carbidopa/benserazide (Brocadopa, Madopar, Nacom), amantadine derivatives and dopamine agonists. A therapeutic concept based on main symptoms present is described, and side effects reviewed. Possibilities for surgery, physiotherapy and psychotherapy are also outlined.

L219 ANSWER 65 OF 78 DRUGU COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1983-24712 DRUGU T P
TITLE: Practical Aspects of the Use of Neuroleptics.
AUTHOR: Verspohl E J
LOCATION: Tubingen, Germany,West
SOURCE: Pharm.Ztg. (128, No. 4, 164-71, 1983) 6 Fig. 2 Tab. 83 Ref.
CODEN: PHZIAP ISSN: 0031-7136
AVAIL. OF DOC.: Universitaet Tuebingen, Pharmazeutisches Institut, Auf der Morgenstelle 8, 7400 Tuebingen, Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The role of dopamine in schizophrenia, parkinsonism, Huntington's chorea and the Tourette syndrome is discussed and current views on the dopamine receptor sites affected by treatment by neuroleptics, i.e. phenothiazines and butyrophenones, and dopamine agonists outlined.

L219 ANSWER 66 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 2001-203868 [21] WPIDS
DOC. NO. NON-CPI: N2001-145553
DOC. NO. CPI: C2001-060724
TITLE: Transdermal therapeutic system, including drug-containing microreservoirs in polysiloxane-based layer, obtained using ambiphilic solvent for drug to allow increased loading of medium polarity drugs.
DERWENT CLASS: A26 A96 B07 D22 P34
INVENTOR(S): MUELLER, W
PATENT ASSIGNEE(S): (LOHM) LTS LOHMANN THERAPIE-SYSTEME GMBH & CO
COUNTRY COUNT: 35
PATENT INFORMATION:

Searched by Barb O'Bryen STIC 308-4291

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 19958554	A1	20010111	(200121)*		8
WO 2001001967	A1	20010111	(200121)	GE	
RW: AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE					
W: AU BR CA CN CZ HU IL IN JP KR MX NZ PL RU TR US ZA					
AU 2000052220	A	20010122	(200125)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 19958554	A1	DE 1999-19958554	19991204
WO 2001001967	A1	WO 2000-EP5658	20000620
AU 2000052220	A	AU 2000-52220	20000620

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 2000052220	A	Based on	WO 200101967

PRIORITY APPLN. INFO: DE 1999-19930340 19990702

AB DE 19958554 A UPAB: 20010418

NOVELTY - A transdermal therapeutic system comprises a backing layer impermeable to the active agent (A), polymer layers having microreservoirs containing (A), and a protective layer to be removed before use, is new.

DETAILED DESCRIPTION - A transdermal therapeutic system comprises a backing layer impermeable to the active agent (A), polymer layers having microreservoirs containing (A), and a protective layer to be removed before use, is new. At least 70, preferably at least 80 %, by weight, of the polymer part of the polymer layer consists of polysiloxanes (I). The microreservoirs contain (A) in dissolved form, and at least 50, preferably at least 80 %, by weight, of the solvent for (A) is an ambiphilic, preferably dipolar organic solvent (II), which is not more than 20 %, by weight, soluble in (I) and is miscible with water at least up to a weight ratio of 1:3.

An INDEPENDENT CLAIM is included for a method for preparing films of (I) charged with microreservoirs containing (A), comprising:

(a) dissolving (A) in an ambiphilic, preferably dipolar organic solvent (II), which is not more than 20 %, by weight, soluble in (I) and is miscible with water at least up to a weight ratio of 1:3;

(b) dispersing in a solution of (I);

(c) coating the dispersion on a film; and

(d) removing the solvent for (I) at 40-100, preferably 40-80 deg. C.

USE - (A) may be any drugs suitable for transdermal administration at a daily dose of 10 mg or less, such as hormones, e.g. estradiol, norethisterone acetate, levonorgestrel or testosterone, beta -blockers e.g. bupranolol or caredilol, calcium antagonists e.g. nimodipine, nifedipine or lacidipine, ACE inhibitors e.g. captopril, antiemetics e.g. scopolamine, psychic drugs e.g. haloperidol, fluoxetine, mianserin, amitriptyline, clomipramine or paroxetine, analgesics e.g. buprenorphine or fentanyl, antiasthmatic agents e.g. salbutamol or tolubuterol, **antiparkinsonian** agents e.g. **biperiden** or selegiline, muscle relaxants e.g. tizanidine or antihistamines e.g. dimethindene, doxylamine, alimemazine or carbinoxamine.

ADVANTAGE - Use of the special solvents (II) increases the amount of medium polarity (A) which can be charged into silicone adhesives, and widens the range of applications of silicone adhesive-based transdermal therapeutic systems.

Dwg.0/4

L219 ANSWER 67 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD

ACCESSION NUMBER: 1999-397054 [34] WPIDS
DOC. NO. CPI: C1999-116883
TITLE: Percutaneous absorption composition comprising drugs in skin contact base is useful as **Antiparkinsonian** agent.
DERWENT CLASS: A14 A26 A96 B03 B05
INVENTOR(S): HORI, M; MINOMI, K; NAKANO, Y
PATENT ASSIGNEE(S): (NITL) NITTO DENKO CORP
COUNTRY COUNT: 27
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
EP 931546	A1	19990728	(199934)*	EN	12
R: AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI					
JP 11209270	A	19990803	(199941)		7
JP 11209271	A	19990803	(199941)		7
US 6146656	A	20001114	(200060)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 931546	A1	EP 1999-101113	19990121
JP 11209270	A	JP 1998-10034	19980122
JP 11209271	A	JP 1998-11023	19980123
US 6146656	A	US 1999-232684	19990119

PRIORITY APPLN. INFO: JP 1998-11023 19980123; JP 1998-10034 19980122

AB EP 931546 A UPAB: 19990825
NOVELTY - A percutaneous absorption composition comprises a skin contact base containing at least one of **biperiden** or trihexyphenidyl or their salts.
DETAILED DESCRIPTION - A percutaneous absorption composition comprises a skin contact base containing at least one active ingredient selected from **biperiden**, trihexyphenidyl and salts thereof in an amount 0.5-60 wt. %.
ACTIVITY - **Antiparkinsonian**.
A percutaneous absorption composition (Ia) was punched out into 10 cm2 pieces and each stored for one month under the following conditions: 25 deg. C multiply 75 % R.H.; 40 deg. C multiply 75 % R.H.; and 50 deg. C (no R.H. value given). After one month under these condition (Ia) showed Medicament Remaining Ratios (%) of 99.5, 99.5 and 99.1, respectively.
MECHANISM OF ACTION - Anticholinergic.
USE - The composition is useful for the percutaneous treatment of **Parkinson**'s Disease.
ADVANTAGE - The composition has excellent percutaneous absorption and can be maintained stably. The medicament allows the simultaneous percutaneous absorption of **biperiden**, trihexyphenidyl and their salts at the same time, the pharmaceutical effects of which can be sustained over a long time. The administration is convenient for users.
Dwg.0/2

L219 ANSWER 68 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1993-100272 [12] WPIDS
CROSS REFERENCE: 1991-353493 [48]
DOC. NO. CPI: C1993-044207
TITLE: Controlled-release drug dosage forms - for admin. of antiparkinsonian or anti-epileptic drugs.
DERWENT CLASS: B05 B07

INVENTOR(S): AYER, A D; BHATTI, G K; CARPENTER, H A; EDGREN, D E
PATENT ASSIGNEE(S): (ALZA) ALZA CORP
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 5192550	A	19930309	(199312)*		13

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
US 5192550	A	Cont of	US 1990-520295	19900507
		CIP of	US 1991-717293	19910617
			US 1992-846097	19920305

PRIORITY APPLN. INFO: US 1990-520295 19900507; US 1991-717293 19910617; US 1992-846097 19920305

AB US 5192550 A UPAB: 19931123
Dosage forms for sublingual, buccal or oral admin. of antiparkinsonian or antiepileptic drugs comprise a fluid-permeable shell which has at least one exit hole and contains (a) a drug layer comprising a carrier and 100 ng to 700 mg of drug granules and (b) a 'push' layer that swells by osmotic absorption of body fluid.

Antiparkinsonian drugs are pref. **bromocriptine**, ergot, lisuride, pergolide, mesulergine, levodopa, carbidopa, amantadinel selgiline, trichexyphenidyl, benztropine, bisperiden, ethopropazine, procyclidine, monoamine oxidase inhibitors, or other dopamine agaonists or anticholinergic agents. Antiepileptic drugs are pref. phenytoin, phenobarbital, diphenylhydantoin, mephenytoin, ethotin, mephobarbital, primidone, carbamazepine, ethosuximide, methsuzimide, benzodiazepine, valproic acid, trimethadione, paramethadione, benzodiazepine, clonazepam, phenacemide, acetazolamide or progabide. The 'push' layer pref. comprises up to 85 wt. % colourant, up to 3 wt. % of a flow-promoting agent and up to 3 wt. % of a lubricant.

ADVANTAGE - The dosage forms provide controlled drug release over long periods, e.g. 10 hr
Dwg.0/6

L219 ANSWER 69 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1993-021397 [03] WPIDS
DOC. NO. CPI: C1993-009637
TITLE: Light stable **bromocriptine** mesylate for treating **Parkinson**'s disease and acromegaly, etc. - prepd. by coating solid prepn. with substance contg. yellow iron oxide and ferric oxide colouring agent.
DERWENT CLASS: A96 B02
PATENT ASSIGNEE(S): (TAKA-N) TAKADA SEIYAKU KK
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
JP 04346929	A	19921202	(199303)*		6

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
JP 04346929	A	JP 1991-218157	19910522

Searched by Barb O'Bryen STIC 308-4291

PRIORITY APPLN. INFO: JP 1991-218157 19910522
AB JP 04346929 A UPAB: 19930924
Bromocriptine mesylate is prepd. by coating bromocriptine mesylate solid prepn. with coating substance contg. yellow Fe oxide and ferric oxide colouring agents.
USE/ADVANTAGE - The prepn. is not discoloured by light.
Bromocriptine mesylates are used for treatment of acromegaly, **Parkinson**'s disease and hyperprolactinaemia.
In an example, a film tablet comprises 2.87 mg bromocriptine mesylate, 116-33 mg crystal cellulose, 1.00 mg hydroxypropylcellulose, 20.00 mg CMC, 0.80 mg sucrose fatty acid ester, 7.89 mg hydroxypropyl-methylcellulose 2910, 1.74 mg Macrogol 6000, 0.18 mg yellow Fe oxide and 0.18 mg ferric oxide (total 160,00 mg
0/0

L219 ANSWER 70 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1992-025800 [04] WPIDS
DOC. NO. CPI: C1992-011095
TITLE: Use of flupirtin for treating muscle rigidity - which is esp. combined with (-)-de-prenyl, **bi peridine** or lodopa to reduce rigidity caused by **parkinson**'s disease.
DERWENT CLASS: B03
INVENTOR(S): EMIG, P; ENGEL, J; LOBISCH, M; NICKEL, B; SZELENYI, I; VENHAUS, R; RALPH, V; BERND, N; SZELENYI, S; SZELENY, I
PATENT ASSIGNEE(S): (ASTA) ASTA MEDICA AG; (ASTA) ASTA PHARMA AG; (LOBI-I) LOBISCH M; (ASTA) ASTA PHARM AG
COUNTRY COUNT: 33
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 4122166	A	19920116	(199204)*		
EP 467164	A	19920122	(199204)		
R: AT BE CH DE ES FR GB GR IT LI LU NL SE					
NO 9102758	A	19920115	(199212)		
AU 9180403	A	19920116	(199213)		
CA 2046943	A	19920115	(199215)		
ZA 9105466	A	19920429	(199223)		26
HU 59313	T	19920528	(199227)		
PT 98291	A	19920529	(199227)		
CN 1058716	A	19920219	(199242)		
CS 9102101	A2	19920219	(199242)		
US 5162346	A	19921110	(199248)		6
JP 05032627	A	19930209	(199311)#		8
AU 634073	B	19930211	(199313)		
HU 206973	B	19930301	(199313)		
EP 467164	A3	19920415	(199328)		
TW 201266	A	19930301	(199330)		
US 5284861	A	19940208	(199407)		5
RO 108220	B1	19940331	(199513)		
EP 659410	A2	19950628	(199530)	GE	
R: AT BE CH DE DK ES FR GB GR IT LI LU NL SE					
EP 467164	B1	19960131	(199609)	GE	9
R: AT BE CH DE DK ES FR GB GR IT LI LU NL SE					
DE 59107331	G	19960314	(199616)		
IL 98810	A	19960119	(199616)		
EP 659410	A3	19951025	(199617)		
CA 2046943	C	19960312	(199620)		
ES 2082887	T3	19960401	(199621)		
CZ 280879	B6	19960417	(199623)		

NZ 238940	A	19970526 (199727)		
RU 2070408	C1	19961220 (199731)		6
IE 74688	B	19970730 (199744)		
SK 279567	B6	19990111 (199911)		
KR 182811	B1	19990501 (200052)		
EP 659410	B1	20011017 (200169)	GE	
R: AT BE CH DE DK ES FR GB GR IT LI LU NL SE				
DE 59109222	G	20011122 (200201)		

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
DE 4122166	A		DE 1991-4122166	19910704
EP 467164	A		EP 1991-111124	19910704
ZA 9105466	A		ZA 1991-5466	19910712
HU 59313	T		HU 1991-2359	19910712
PT 98291	A		PT 1991-98291	19910711
CN 1058716	A		CN 1991-104030	19910713
CS 9102101	A2		CS 1991-2101	19910708
US 5162346	A		US 1991-726408	19910710
JP 05032627	A		JP 1991-188472	19910729
AU 634073	B		AU 1991-80403	19910712
HU 206973	B		HU 1991-2359	19910712
EP 467164	A3		EP 1991-111124	19910704
TW 201266	A		TW 1991-105395	19910711
US 5284861	A	Div ex	US 1991-726408	19910710
			US 1992-890730	19920601
RO 108220	B1		RO 1991-147972	19910709
EP 659410	A2		EP 1995-101189	19910704
EP 467164	B1		EP 1991-111124	19910704
DE 59107331	G		DE 1991-507331	19910704
			EP 1991-111124	19910704
IL 98810	A		IL 1991-98810	19910712
EP 659410	A3		EP 1995-101189	19910704
CA 2046943	C		CA 1991-2046943	19910712
ES 2082887	T3		EP 1991-111124	19910704
CZ 280879	B6		CS 1991-2101	19910708
NZ 238940	A		NZ 1991-238940	19910712
RU 2070408	C1		SU 1991-5001150	19910712
IE 74688	B		IE 1991-2451	19910712
SK 279567	B6		CS 1991-2101	19910708
KR 182811	B1		KR 1991-11967	19910713
EP 659410	B1	Div ex	EP 1991-111124	19910704
			EP 1995-101189	19910704
DE 59109222	G		DE 1991-509222	19910704
			EP 1995-101189	19910704

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 634073	B	Previous Publ.	AU 9180403
HU 206973	B	Previous Publ.	HU 59313
US 5284861	A	Div ex	US 5162346
DE 59107331	G	Based on	EP 467164
EP 659410	A3	Related to	EP 467164
ES 2082887	T3	Based on	EP 467164
CZ 280879	B6	Previous Publ.	CS 9102101
SK 279567	B6	Previous Publ.	CS 9102101
EP 659410	B1	Div ex	EP 467164
DE 59109222	G	Based on	EP 659410

PRIORITY APPLN. INFO: DE 1990-4022442 19900714; DE 1991-4122166 19910704

AB DE 4122166 A UPAB: 19931122

Medicaments for treating disorders associated with muscle rigidity contain flupirtin (I) or its salts. (I) is 2-amino-3-elhoxycarbonylamino-6-(4-fluorobenzylamino)- pyridine and is described in DE1795858 and 3133519.

USE/ADVANTAGE - (I) is a muscle relaxant useful in the treatment of neuralgia, arthritis, tension headache, postoperative stiffness, tendomyopathy, etc.. It is esp. useful in combination with drugs such as L-dopa, (-)-deprenyl or **biperidene** in the treatment of **Parkinson**'s disease, giving synergistic effects. @(7pp Dwg.No.0/0 0/0

L219 ANSWER 71 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD

ACCESSION NUMBER: 1991-289786 [40] WPIDS

DOC. NO. CPI: C1991-125268

TITLE: New 4-piperidinyl-ergoline derivatives - have dopaminergic activity and are effective against CNS disorders esp. extra pyramidal syndromes e.g. Parkinsons disease.

DERWENT CLASS: B02

INVENTOR(S): BANDIERA, T; BRAMBILLA, E; BUONAMICI, M; MANTEGANI, S

PATENT ASSIGNEE(S): (FARM) FARMITALIA ERBA SPA CARLO; (PHAA) PHARMACIA SPA; (ERBA) ERBA STRUMENTAZIONE SPA CARLO

COUNTRY COUNT: 4

PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
EP 449346	A	19911002	(199140)*		
R: DE GB IT					
JP 04221381	A	19920811	(199238)		6
EP 449346	A3	19920325	(199327)		
EP 449346	B1	19950510	(199523)	EN	14
R: DE GB IT					
DE 69109531	E	19950614	(199529)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 449346	A	EP 1991-200446	19910301
JP 04221381	A	JP 1991-61866	19910326
EP 449346	A3	EP 1991-200446	19910301
EP 449346	B1	EP 1991-200446	19910301
DE 69109531	E	DE 1991-609531	19910301
		EP 1991-200446	19910301

FILING DETAILS:

PATENT NO	KIND		PATENT NO
DE 69109531	E	Based on	EP 449346

PRIORITY APPLN. INFO: GB 1990-6772 19900327

AB EP 449346 A UPAB: 19931116

4-piperidinyl-ergolin derivs. of formula (I) and their salts are new where R = H, 1-4C alkyl (esp. H or Me); R1 = H, halo, CH3, -SPh or 1-4C alkylthio (esp. H, CL or Br). R2 = H or OCH3. R3 = H or R2 and R3 = together a chemical bond; R4 = 1-4C hydrocarbon (esp. Me); R5 = H, 1-4C alkyl or Ph; and n = 0-2.

An example of (I) is 4-((6-methylergolen-delta-9,10-8beta-yl)methyl)-

piperidine-2,6-dione (Ia).

USE/ADVANTAGE - (I) have dopaminergic activity and are effective in the central nervous system, partic. for the treatment of extrapyamidal syndromes e.g. Parkinson's disease. Dosage is 0.01-5 mg/day given in divided doses 1-5 times a day. Admin. may be parenteral, oral, buccal, peroral, transdermal, intranasal etc. (I) show fewer side effects than **bromocriptine** and can be used alone or together with other anti-**Parkinson** agent.

In an example, 0.5 mg/kg of (Ia) was administered subcutaneously to 4 rats. The number of contro-lateral turns in 6 hrs. was 1540 (c.f. 1920 for rats administered subcutaneously with 1 mg/kg of bromocriptine). @(9pp Dwg.No.0/0)@

0/0

L219 ANSWER 72 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1991-172410 [24] WPIDS
DOC. NO. CPI: C1991-074493
TITLE: Use of antagonists of N-methyl-D-aspartate receptor complexes - to prevent chronic neuro-degenerative disorders, esp. **Parkinson**'s disease.
DERWENT CLASS: B05
INVENTOR(S): BRESSLER, K; LOSCHMANN, P A; RETTIG, K J; TURSKI, L; WACHTEL, H
PATENT ASSIGNEE(S): (SCHD) SCHERING AG; (TURS-I) TURSKI L
COUNTRY COUNT: 16
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 3940410	A	19910606	(199124)*		
EP 434173	A	19910626	(199126)		
R: AT BE CH DE ES FR GB GR IT LI LU NL SE					
CA 2031433	A	19910605	(199133)		
PT 96074	A	19910930	(199142)		
JP 03209335	A	19910912	(199143)		
EP 434173	A3	19920129	(199322)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 3940410	A	DE 1989-3940410	19891204
EP 434173	A	EP 1990-250303	19901204
JP 03209335	A	JP 1990-312981	19901120
EP 434173	A3	EP 1990-250303	19901204

PRIORITY APPLN. INFO: DE 1989-3940410 19891204
AB DE 3940410 A UPAB: 19931115

The use of antagonists of N-methyl-D-aspartate (NMDA) receptor complexes or their salts is claimed to prevent chronic neurodegenerative diseases. The composition may also be used with substances which increase dopamine levels. The compounds are e.g. 2-amino-7-phosphonoheptanoic acid (AP-7), an amantadiene analogue, i-hydroxy-3-aminopyrrolidin-2-one, spermine, **biperidene** etc.. The dose is 0.001-0.034 mg/day, given orally or parenterally.

USE/ADVANTAGE - The antagonists are used to prevent **Parkinson**'s disease and inhibft generation of dopamine neurones e.g. by the neurotoxin 1-methyl-4-phenyl-pyridinium ion (MPP asterisk) (claimed). The compounds are already known as e.g. anticonvulsants. They inhibit binding of excitatory amino acids such as aspartate to NMDA receptors.

In an example rats were injected with MPP+ into the substantia niger, causing rapid degeneration of dopamine neurones. The effect of AP-7 was

determined by simultaneously injecting it with the MPP+ into the right substantia niger pars compacta while MPP+ alone was given in the left. After 4 hours, the MPP+ had reduced the number of intact neurones from 158 (after injection with vehicle alone) to 30. Simultaneous administration of AP-7 (0.25micromol.) allowed 128 neurones to survive. After 24 hours, 14 neurons survived the MPP+ alone, while 66 survived the MPP+ and AP-7. @(3pp Dwg.No.0/0)

In an example rats were injected with MPP+ into the substantia niger, causing rapid degeneration of dopamine neurones. The effect of AP-7 was determined by simultaneously injecting it with the MPP+ into the right substantia niger pars compacta while MPP+ alone was given in the left. After 4 hours, the MPP+ had reduced the number of intact neurones from 158 (after injection with vehicle alone) to 30. Simultaneous administration of AP-7 (0.25micromol.) allowed 128 neurones to survive. After 24 hours, 14 neurons survived the MPP+ alone, while 66 survived the MPP+ and AP-7. @(3pp Dwg.No.0/0

L219 ANSWER 73 OF 78 WPIDS COPYRIGHT 2002 DERWENT INFORMATION LTD
ACCESSION NUMBER: 1990-306807 [41] WPIDS
DOC. NO. CPI: C1990-132456
TITLE: Prepn. of tablets or capsules contg. bromocriptine - of increased stability, and protected from moisture during the prepn..
DERWENT CLASS: A96 B02 B07
INVENTOR(S): FIORI, A; MORO, L; NATALI, A
PATENT ASSIGNEE(S): (POLI) POLI IND CHIM SPA
COUNTRY COUNT: 17
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
EP 391374	A	19901010	(199041)*		
R: AT BE CH DE ES FR GB GR IT LI LU NL SE					
US 5066495	A	19911119	(199149)		
DD 293961	A	19910919	(199208)		
ES 2029776	T1	19921001	(199244)		
IT 1235053	B	19920617	(199310)		
EP 391374	A3	19920701	(199333)		
DD 293961	B5	19941110	(199502)		
EP 391374	B1	19941207	(199502)	EN	13
R: AT BE CH DE DK ES FR GB GR IT LI LU NL SE					
DE 69014691	E	19950119	(199508)		
ES 2029776	T3	19950201	(199511)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 391374	A	EP 1990-106403	19900404
US 5066495	A	US 1990-502520	19900330
ES 2029776	T1	EP 1990-106403	19900404
IT 1235053	B	IT 1989-20063	19890407
EP 391374	A3	EP 1990-106403	19900404
DD 293961	B5	DD 1990-339473	19900405
EP 391374	B1	EP 1990-106403	19900404
DE 69014691	E	DE 1990-614691	19900404
		EP 1990-106403	19900404
ES 2029776	T3	EP 1990-106403	19900404

FILING DETAILS:

PATENT NO	KIND	PATENT NO

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ES 2029776	T1	Based on	EP 391374
DE 69014691	E	Based on	EP 391374
ES 2029776	T3	Based on	EP 391374

PRIORITY APPLN. INFO: IT 1989-20063 19890407

AB EP 391374 A UPAB: 19931119

Tablets or capsules contg. bromocriptine or a salt of bromocriptine with an inorganic or organic acid are prepd. by (a) dissolving the active cpd., alone or combined with inert excipients, in a solvent or solvent mixt. (aq. or organic), (b) using this soln. to wet an excipient or excipient mixt. which is insol. in the solvent, to promote swelling of the excipient, (c) removing the solvent to restore the solid state of the active cpd.-excipient mixt., (d) mixing this with other excipients suited to improve the technological characteristics of the powder mass, and (e) compressing the mass into tablets or distributing it in capsules.

In an alternative to method, (a) the active ingredient is mixed with small amts. of excipient(s) having a moisture content of above 1%, (b) a granulate is prepd. with excipient(s) only and a binding soln. opt. contg. maleic acid, (c) the granulate from (b) is dried to a solvent content below 1% and sieved to a desired size, (d) the powder from (a) is mixed with the granulate from (c) and opt. further excipient(s) is added to promote free flow and lubrication, and (a) the step (c) above is performed.

USE/ADVANTAGE - Bromocryptine has dopaminergic activity, and is used as an antiprolactin agent, in the treatment of Parkinson's disease and in cocaine detoxication. It is sensitive to moisture, light and temp. and known methods for the prepn. of tablets or capsules contg. it are influenced by these factors, esp. moisture, but in the present methods the active cpd. is protected esp. against moisture and the prod. has good stability. @(10pp Dwg.No.0/0)

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ACCESSION NUMBER:	1990-240420 [32] WPIDS
DOC. NO. NON-CPI:	N1990-186577
DOC. NO. CPI:	C1990-103894
TITLE:	Trans-dermal plaster contg. dexpanthenol as penetration enhancer - for delivery of low mol. wt. systemic pharmaceuticals e.g. hydro-morphone.
DERWENT CLASS:	B05 B07 D22 P34
INVENTOR(S):	KOLTER, K; RIEKER, A
PATENT ASSIGNEE(S):	(KNOL) KNOLL AG
COUNTRY COUNT:	11

PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
EP 380989	A	19900808	(199032)*		10
R: AT BE CH DE FR GB IT LI NL SE					
DE 3902013	A	19900920	(199039)		
JP 02247119	A	19901002	(199045)		
EP 380989	B1	19921223	(199252)	GE	10
R: AT BE CH DE FR GB IT LI NL SE					
DE 59000613	G	19930204	(199306)		
JP 2809782	B2	19981015	(199846)		7

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 380989	A	EP 1990-101156	19900120
DE 3902013	A	DE 1989-3902013	19890125
JP 02247119	A	JP 1990-13770	19900125

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EP 380989	B1	EP 1990-101156	19900120
DE 59000613	G	DE 1990-500613	19900120
		EP 1990-101156	19900120
JP 2809782	B2	JP 1990-13770	19900125

FILING DETAILS:

PATENT NO	KIND		PATENT NO
DE 59000613	G	Based on	EP 380989
JP 2809782	B2	Previous Publ.	JP 02247119

PRIORITY APPLN. INFO: DE 1989-3902013 19890125

AB EP 380989 A UPAB: 19930928
Plaster for transdermal application of at least one systemic pharmaceutical (I) of mol. wt. below 1000 contains dexpanthenol (II) in addition to (I) and usual galenical auxiliaries. (I) is an opiate, Ca antagonist, antihypertensive, antiarrhythmic, beta-blocker, psycho-pharmaceutical, vasodilator, anti-**Parkinson** agent, anticholinergic, antihistamine, antirheumatic or hormones. Most pref. are hydromorphone, **biperiden**, gallopamil or soquinolol.
USE/ADVANTAGE - (I), already known for use in ointments used to treat injuries and inflammation of the skin, is now found to be a penetration agent. Unlike other such agents, it does not cause irritation, inflammation, etc. and also reduces similar effects produced by other components.
1/3

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ACCESSION NUMBER: 1989-085939 [12] WPIDS
DOC. NO. CPI: C1989-038112
TITLE: Bromocriptine compsns. for oral admin - with controlled release properties, useful for treating Parkinson's disease, hyper-prolactinaemia etc..
DERWENT CLASS: A96 B02 B07
INVENTOR(S): MAZER, N; ZUGER, O
PATENT ASSIGNEE(S): (SANO) SANDOZ AG
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
CH 669113	A	19890228	(198912)*		7

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CH 669113	A	CH 1985-974	19850222

PRIORITY APPLN. INFO: CH 1985-830 19850222; CH 1985-974 19850222; CH 1988-974 19860407

AB CH 669113 A UPAB: 19930923
Pharmaceutical compsns. for controlled release of bromocriptine (I) on oral admin. release less than 50 wt.% (I) in 2.5 hr, as measured in 0.1N HCl in vitro. The compsns. comprise (I), a swellable hydrophilic substance (II) and a fatty material (III). The compsns. are formulated as powders for use in capsules, the unit dose being 2-20 (esp. 5-10) mg (I). The (I):(II) wt. ratio is 1:10-35 (esp. 1:16-25) and the (I):(III) wt. ratio is 1:1-10 (esp. 1:6-10). (II) is a cellulose deriv., esp. hydroxypropyl methylcellulose (HPMC) or Na carboxymethyl cellulose. (III) is a fatty acid glyceride or ester with a m.pt. of 45-65 deg.C. The compsns. may also

contain other additives, e.g. fillers.
USE - (I) is a dopamine against.
0/5

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ACCESSION NUMBER: 1986-340587 [52] WPIDS
DOC. NO. CPI: C1986-147611
TITLE: Antiparkinson carbamoyl vinylene- or carbamoyl-methylene-ergoline(s) - and 8-carboxy vinylene- and carboxy methylene-ergoline intermediates.
DERWENT CLASS: B02
INVENTOR(S): BERNARDI, L; MANTEGANI, S; ROSSI, A; TEMPERILLI, A; TRAQUANDI, G; MANTEGANI, A
PATENT ASSIGNEE(S): (FARM) FARMITALIA ERBA SPA CARLO
COUNTRY COUNT: 13
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
EP 206206	A	19861230	(198652)*	EN	26
JP 61291587	A	19861222	(198705)		
AU 8658896	A	19861224	(198706)		
ZA 8604481	A	19861212	(198713)		
DK 8602827	A	19861220	(198714)		
FI 8602561	A	19861220	(198714)		
HU 41778	T	19870528	(198725)		
PT 82767	A	19870819	(198737)		
ES 8707247	A	19871001	(198744)		
US 4746666	A	19880524	(198823)		
IL 79119	A	19890630	(198931)		
EP 206206	B	19890920	(198938)	EN	
DE 3665715	G	19891026	(198944)		
CA 1285277	C	19910625	(199130)		
KR 9210074	B1	19921113	(199413)		
JP 07017639	B2	19950301	(199513)		6
DK 171117	B	19960617	(199630)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
EP 206206	A	EP 1986-108201	19860616
JP 61291587	A	JP 1986-139413	19860617
ZA 8604481	A	ZA 1986-4481	19860616
ES 8707247	A	ES 1986-555671	19860603
US 4746666	A	US 1986-874413	19860616
KR 9210074	B1	KR 1986-4522	19860607
JP 07017639	B2	JP 1986-139413	19860617
DK 171117	B	DK 1986-2827	19860617

FILING DETAILS:

PATENT NO	KIND		PATENT NO
JP 07017639	B2	Based on	JP 61291587
DK 171117	B	Previous Publ.	DK 8602827

PRIORITY APPLN. INFO: GB 1985-15528 19850619
AB EP 206206 A UPAB: 19930922
Ergoline derivs. of formula (I) and pharmaceutically acceptable salts, and intermediates of formula (II) are new where R1=H or Me; R2=H, halogen, Me, CN, 1-4C alkylthio or phenylthio; R3=1-4C hydrocarbon gp.; R4=H or OMe; either R5=H and R6=-CH:CH-CONHR7; or R5 and R6 together form =CHCONHR7;

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R7=2-thiazolyl, 3-pyridazinyl, 1,3,4-thiadiazol-2-yl or 4-pyrimidinyl opt. substd. by 1 or more halogens, 1-4C alkyl, 1-4C alkoxy, 1-4C alkylthio, di(1-4C alkyl)amino, CN or NO2 gps.; and either R8=H and R9=carboxyvinylene; or R8 and R9 together form carboxymethylene.

USE/ADVANTAGE - (I) are CNS active, esp. useful in treating Parkinson's disease. (I) have dopaminergic and antiprolactinic activity. Dopaminergic activity is greater than that of **Bromocriptine**. **Antiparkinson** doses are e.g. 0.1-25, pref. 0.5-10 mg/day, pref. in 2-4 units.

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ACCESSION NUMBER: 1985-104943 [17] WPIDS
DOC. NO. CPI: C1985-045562
TITLE: New 8-amino-tetra hydro-benzindole derivs. - useful as dopamine receptor stimulants, and new intermediates.
DERWENT CLASS: B02
INVENTOR(S): ASSELIN, A A; HUMBER, L G
PATENT ASSIGNEE(S): (AMHP) AYERST MCKENNA & HARRISON LTD
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 4510157	A	19850409	(198517)*		8

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 4510157	A	US 1982-453306	19821227

PRIORITY APPLN. INFO: US 1982-453306 19821227
AB US 4510157 A UPAB: 19930925

Benzoindole derivs. of formula (I) and their therapeutically acceptable acid addn. salts are new: R1-R5 = H or 1-5C alkyl.

Also new are the intermediates of same formula but with NR1R2 replaced by NR6R7, cpds. (X) and cpds. of formula (VI). R6 = benzyl; R7 = benzyl or lower alkyl; R'6 and R'7 are each benzyl or lower alkyl.

USE - (I) stimulate dopamine receptors so are useful for treating hyperprolactinaemia, galactorrhoea, amenorrhoea, impotence, Parkinsonism (specifically), diabetes, acromegaly, hypertension and other CNS disorders. For treating **Parkinsoniam**, (I) are pref. combined with e.g. **bromocriptin** or laevodopa, and the usual daily dose is 1-50 mg/kg, orally.

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ACCESSION NUMBER: 1984-243325 [39] WPIDS
DOC. NO. CPI: C1984-102834
TITLE: 6,7,8,9-Tetra hydro naphtho (1,2-b)furan-8-amine derivs. - are dopamine receptor agonists useful e.g. for treating Parkinsonism.
DERWENT CLASS: B02
INVENTOR(S): ASSELIN, A A; HUMBER, L G
PATENT ASSIGNEE(S): (AMHP) AYERST MCKENNA & HARRISON LTD
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 4470990	A	19840911	(198439)*		6

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 4470990	A	US 1983-474757	19830314

PRIORITY APPLN. INFO: US 1983-474757 19830314
AB US 4470990 A UPAB: 19930925
Cpds. of formula (I) and their acid addn. salts are new. R1 and R2 = H or 1-5C alkyl; or R1+R2 = 4-6C n-alkylene. USE - (I) are dopamine receptor agonists which can be used for treating hyperprolactinaemia, galactorrrhoea, amenorrhoea, impotence, diabetes, Parkinsonism, acromegaly, hypertension and other CNS disorders. Dose is 0.1-250, pref. 0.1-100 mg/kg per day i.p., or 0.5-250, pref. 1.0-50 mg/kg per day p.o.. (I) can be used together with agents normally used to treat **Parkinsonism** and related disorders, e.g. **bromocriptine**, lergotrile or levodopa.
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